REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14121
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No.
(b) Township — Primary Registration District No. — Registered No. 483
(c) City St. Joseph — (d) Street No. 2709 Lafayette St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 18 yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dr. John S. Woodruff 361
(a) Residence, No. 2709 Lafayette St., St. Joseph St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. Blanch Woodruff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 13, 1870

7. AGE: YEARS 68 — MONTHS 1 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Osteopath
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whetzell County West Virginia

FATHER
13. NAME: Rev. Charles C. Woodruff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown West Virginia

MOTHER
15. MAIDEN NAME: Rode Ann Overturff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown West Virginia

17. INFORMANT (ADDRESS): Blanch Woodruff St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brown Cemetery DATE: 5/2 1938

19. FUNERAL DIRECTOR (ADDRESS): Gallatin, Mo. Walter Meierhoffer 1302 Faraon St., St. Joseph, Mo.

20. FILED May 1, 1938 H J Nestlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1938, to 4/30, 1938
I last saw him alive on 4/29, 1938. Death is said to have occurred on the date stated above, at 5:00a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleural Pneumonia with Empyemia	4/26/38
72a.	

Other contributory causes of importance:
Splenomyelogenous Leukemia

Name of operation: Date of:
What test confirmed diagnosis? Clear Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. H. Shackelford, M. D. 106
(Address) 823 Faraon St., St. Joseph 85

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 5 1948

STATEMENT BY LICENSED EMBALMER

I, Wilbur Kelly, Licensed Embalmer No. Mo. 3946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Wilbur H. Kelly

Licensed Embalmer No. Mo. 3946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)