

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

42846
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan, ³ Registration District No. 85
 (b) Township 1 Primary Registration District No. 1001 Registered No. 1326
 (c) City St. Joseph, (d) Street No. 901 North 20th. 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 65 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Jordan Woodson,
 (a) Residence, No. 1302 Faraon St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Margaret Norton Woodson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney
 9. Industry or business in which work was done, as saw mill, bank, etc. Law Office,
 10. Date deceased last worked at this occupation (month and year) December 1939 11. Total time (years) spent in this occupation 64

12. BIRTHPLACE (CITY OR TOWN) Know County, (STATE OR COUNTRY) Kentucky,

FATHER 13. NAME Benjamin Jordan Woodson,

14. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Virginia,

MOTHER 15. MAIDEN NAME Margaret Fulkerson,

16. BIRTHPLACE (CITY OR TOWN) Lee County, (STATE OR COUNTRY) Kentucky,

17. INFORMANT (ADDRESS) Mrs. H. J. Sherwood
2759 Lovers Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jo. Mem. Park DATE Dec. 23th. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hester, B. Gale & Bowman
319 So. 10th. St. Junction Mo.

20. FILED Dec. 27, 1939 D. J. Nestle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1939, to Dec 26, 1939
 I last saw him alive on Dec 26, 1939 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Coronary atherosclerosis
93C

Other contributory causes of importance:
arteriosclerosis
evident but sudden
coronary atherosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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) L. J. Susan M. D.
St. Joseph Mo (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 12, 26, 39

or by

Registered Apprentice No....., working under my personal supervision.

Signed Wm E. Summersfield

Licensed Embalmer No. 5007

P. O. Address 317 S. 2nd St. Joplin

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

If this body is not embalmed, above space should be left blank.