DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MO APR 23 1940

Registration District No. 324

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11135

Primary Registration District No. 4227

Registrar's No.

1. PLACE OF DEATH:

(a) County: Howell

(b) City or town: West Plains, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell

(c) City or town: West Plains, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 417 Webster Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: WILLIAM ALFRED WOODRELL

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November 7, 1923 (Month) (Day) (Year)

8. AGE: Years 16 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace: Wynnewood, (City, town, or county) Okla. (State or foreign country)

10. Usual occupation: Schoolboy

11. Industry or business:

MOTHER FATHER

12. Name: James Alfred Woodrell

13. Birthplace: Howell County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Nannie Lee Mills

15. Birthplace: Hill County, Texas. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Nannie Lee Woodrell

(b) Address: 417 Webster. WestPlains,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar.4,1940 (Month) (Day) (Year)

Oak Lawn Cem

(c) Place: burial or cremation: West Plains, Mo.

18. (a) Signature of funeral director: Hal Thornbrough

(b) Address: West Plains, Mo. 3440

19. (a) 3-4-40 (Date received local registrar) (b) Vida W Simons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1940 hour 1: minute 05 p. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1940 to March 2, 1940; that I last saw him alive on March 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Leucemia, Lymphatic, chr. about	2 yrs.
Due to Primary pyhphatic disease.	
Primary anemia.	
Due to	
Other conditions (Include pregnancy within 3 months of death) None that we could find.	

Major findings:
Of operations: None made.

Of autopsy: No.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: A. Thornbrough (M. D. ~~or other~~)

Address: West Plains, Mo. Date signed 3/6/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Not Embalmed

RECEIVED
District Health Officer No. 5,
District File Number 440 377
Date Filed 4-3-40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.