

FILED NOV 12 1941

Registration District No. 13

Primary Registration District No. 3006

Registrar's No. 278

1. PLACE OF DEATH

(a) County: Boone Columbia MO
(b) City or town: Columbia MO
(c) Name of hospital or institution: HHS
(d) Length of stay: In hospital or institution: Boone Co. Hosp
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MD (b) County: Groundly
(c) City or town: Bristow
(d) Street No.: 916 E. 5th St
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME

George E Woodruff

3. (b) If veteran, name war: MO

3. (c) Social Security No. NONE

4. Sex: MO

5. Color or race: W

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

6. (b) Name of husband or wife: Ruth Woodruff

6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased: July 5 1893

8. AGE:

Years: 48 Months: 3 Days: 4 If less than one day: hr. min.

9. Birthplace:

(City, town, or county): Fava (State or foreign country)

10. Usual occupation:

Attorney

11. Industry or business:

Law

MOTHER FATHER

12. Name: Charles H. Woodruff

13. Birthplace: Fava (State or foreign country)

14. Maiden name: Susan Anthony

15. Birthplace: Fava (State or foreign country)

16. (a) Informant: Ruth Woodruff

(b) Address: Columbia MO

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 10/11/1941

(c) Place: burial or cremation: Jennings

18. (a) Signature of funeral director: Arthur H. Phillips

(b) Address: Jennings MO

19. (a) Date received local registrar: 10/19/41

(b) Registrar's signature: Faller Selby

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 9th year: 1941 hour: 5 minute: 40 A.M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death:

Due to: Car accident

Due to: Fire blowout of touring car in front of on-coming airplane
Other conditions: (include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

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): Accident

(b) Date of occurrence: Oct. 8, 1941

(c) Where did injury occur?: Highway 63, North Columbia MO

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 63, North MO

While at work? (Specify type of place) (e) Means of injury: Car

23. Signature: Muriel McEwen (M.D. or other) Cross

Address: Columbia MO Date signed: 10/19/41

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

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2
4

Handwritten notes at the top of the page, possibly including a date and name.

Handwritten notes in the middle section, including what appears to be a name and other illegible text.

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.

Signed

Handwritten signature of W. D. McPeters

Licensed Embalmer No.

3893

P. O. Address

Columbia, Mo

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, fact should be so stated above.