

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21113
State File No. _____
Registrar's No. 9

Registration District No. 286

Primary Registration District No. 5404

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

1. PLACE OF DEATH:
(a) County Dunklin Holcomb, Twp.
(b) City or town Gibson
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community wife years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Gibson
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Scotty Woodall
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20
year 1942 hour 10 minute 10 P.M.
21. I hereby certify that I attended the deceased from June 19
19 1942 to June 20 1942
that I last saw him alive on June 20
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced C
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Nov. - 18 - 1940
(Month) (Day) (Year)

Immediate cause of death Obv.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1190
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
1 7 2 hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation BABY

11. Industry or business _____

12. Name Chester Woodall

13. Birthplace Mo. (City, town, or county) (State or foreign country) 0

14. Maiden name Ethel Dye

15. Birthplace Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Chester Woodall

(b) Address Gibson Mo.

17. (a) Burial (b) Date thereof June 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanhield

18. (a) Signature of funeral director Lambert F. Home

(b) Address Campbell, Mo.

19. (a) 7/8/42 (b) Mrs Murt Blankenship
(Date received local registrar) (Registrar's signature)

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

23. Signature John R. Brown (M. D. or other) 0
Address Campbell Mo. Date signed 6-27-42

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 742-852

Date Filed AUG 13 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

Not Embalmed

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.