

S. No. 9-4-41
5-17-39
I X29484

A. L. Crawford

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34061

FILED NOV 12 1942

Registration District No. 158V

Primary Registration District No. 2001

Registrar's No. 433

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution: St. John's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper
(If outside city or town limits, write "RURAL")

(d) Street No. 3307 Jackson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3. (a) PRINT FULL NAME Charles Harrison Woodard

MEDICAL CERTIFICATION

3. (b) If veteran, name war

3. (c) Social Security No. 500-09-2091

20. DATE OF DEATH: Month Oct day 9
year 1942 hour 4 minute 30 P. M.

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 1 married

21. I hereby certify that I attended the deceased from 10-6-42 to 10-9-42
that I last saw him alive on 10-9-42 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Anna M

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: 12 15 1869
(Month) (Day) (Year)

Immediate cause of death Hypostatic Pneumonia 3 days

8. AGE: Years 78 Months 9 Days 24 If less than one day hr. min.

Due to fracture of Rt. tibia

9. Birthplace Granby MO
(City, town, or county) (State or foreign country)

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Line & Lead Mining

11. Industry or business no record

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

12. Name no record

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

14. Maiden name Nancy M. Brown

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

16. (a) Informant Mrs. Laura Patten

(b) Address 3307 Jackson

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

(a) Accident, suicide, or homicide (specify) 129

(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?

17. (a) Burial (b) Date thereof 12-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Hornhill Diller

(b) Address 47th & Wall

While at work? (Specify type of place)

(c) Means of injury

Signature A. L. Crawford (M. D. or other)

Address Joplin, MO Date signed

19. (a) 10-12-1942 (b) G. L. ...
(Date received local registrar) (Registrar's signature)

1-204 (Licensed Embalmer's Statement on Reverse Side) 10-12-42

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

49
5725

898

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..... *Don Petrich*

Licensed Embalmer No..... *4608*

P. O. Address..... *Joplin Mo*

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

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 34061

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 433

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital Joplin Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 3307 Jackson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country USA

3. (a) PRINT FULL NAME Charles Harrison Woodard

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased Dec 15
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 1 If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 Day 9 Year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....; that I first saw him..... alive on..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death ruptured aortic aneurysm

Due to fracture of Rt. tibia

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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

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

(b) Date of occurrence about 6 weeks prior to death

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

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature A. L. Crowder (M. D. or other)

Address Joplin Mo. Date signed 12.1.42

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

MOTHER FATHER

SUPPLEMENTARY

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

S 34061 1942