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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3599

FILED FEB 10 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 229

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Adm. Nov. 22, 1942 (Specify whether
In this community since 11/22/42 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2

(c) City or town Wellsville 0
(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 Harrison WOODALL

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 486-14-1463

4. Sex Male

5. Color or race Negro 2

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife -

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

7. Birth date of deceased March (Month) 2, (Day) 1884 (Year)

8. AGE: Years 58 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name John Woodall
13. Birthplace Unavailable (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Krutcher
15. Birthplace Unavailable (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-28-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Wellsville, Missouri

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) JAN 28 1943 (Date received local registrar) (b) C. G. McGarran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th, year 1943 hour 1:05 minute A. M.

21. I hereby certify that I attended the deceased from November 22, 1942 to January 27, 1943; that I last saw him alive on January 27, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease with cardiac enlargement, myocardial damage, valvular damage, aortic and mitral, and myocardial insufficiency. Unkn.

Due to -

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation.

Of autopsy No autopsy.

Duration

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) no

(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? Means of injury

23. Signature L. M. COCHRAN, M.D. (M.D. or other)

Address Chief Medical Officer. Date signed 1/27/43

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor Aven

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.