S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ISSUED MAY 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14913

State File No.

Registration District No. 219 Primary Registration District No. 5791 Registrar's No. 5

68
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Rural Burris Fork. T
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 Fifty year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jobe Monroe Woodard
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Sarah Ann Woodard
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 11 (Day) 1855 (Year)

8. AGE: Years 87 Months 7 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill 1 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jobe Woodard
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
MOTHER
14. Maiden name Amanda Ansel
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Cecil Woodard
(b) Address Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cem
18. (a) Signature of funeral director Williams & Friedmeyer
(b) Address California Mo
19. (a) April 12. 43 (Date received local registrar) (b) Mrs E.W. Plummer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 9
year 1943 hour 1-3 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 3, 1943, to April 9, 1943
that I last saw him alive on April 7, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	2 years
Due to Generalized arteriosclerosis	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	

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)
(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 Kenyon Latham M D (M. D. or other)
Address California, Mo Date signed 4-10-43

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(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.....

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

working under my personal supervision.

Signed Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.