

X28390

FILED JAN 3 1944
503

Registration District No. _____

Primary Registration District No. 6044

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town near, Bardley, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home Paul J. J.
(If not hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution Rural
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley
(c) City or town near, Bardley
(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 _____

3. (a) PRINT FULL NAME JAMES LLOYD WOODRING.

3. (b) If veteran, W. W. 1. name was XC 206 575.
3. (c) Social Security No. _____

4. Sex Male 5. Color or face white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nettie Oak 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 24 - 1889.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>11</u>	<u>17</u>	hr. min.

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

10. Usual occupation _____

11. Industry or business Farmer

MOTHER FATHER
12. Name Steve Woodring
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Andrew
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant J. C. Woodring (son)
(b) Address Bardley, Mo.
17. (a) Burial (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bardley, Mo.

18. (a) Signature of funeral director J. E. Jordan
(b) Address Daniphan, Mo.
19. (a) 2/12/43 (b) E. J. Johnston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1943 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 3-1-43 to 5-1-43
that I last saw him alive on 5-1-43
and that death occurred on the date and hour stated above.
Immediate cause of death Eudocarditis Duration _____

Due to Artificial Shocking
Enlarged prostate
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 922
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?
While at work? _____ (Specify type of place) (e) Means of injury Car
23. Signature J. E. Johnston (M. D. or Other)
Address Daniphan, Mo. Date signed 12-15-43

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

71-30-43

9100

676

JAN 6 1944

JAN 4 1944

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. 3200
P. O. Address.....
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.