V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1, 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2348

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 430

14
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2

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 yrs 7 m 24 d (Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 14
(c) City or town Fortuna 2
(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 Harry Woodyard
3. (b) If veteran, name war D.R.
3. (c) Social Security No. D.R.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 29 (Day) 1877 (Year)

8. AGE: Years 66 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Ak (City, town, or county) 9 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name J. F. Woodyard
13. Birthplace Ak (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Ak
15. Birthplace Ak (City, town, or county) 9 (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Mo
18. (a) Signature of funeral director J. O. Roberts
(b) Address Columbia Mo
19. (a) 12-20-1943 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1943 hour 9-30 minute a M.
21. I hereby certify that I attended the deceased from 7-8-, 1942, to 12/18/, 1943
that I last saw him alive on 12/17/, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Cerebral Syphilis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

30 b

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 George W Reeves (M. D. or other) MD
Address Fulton Mo Date signed 12/18/43

11 x 7

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.