

FILED MAY 8 1944

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 45

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
301 east Gay St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No  
In this community 9 53 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 East Gay St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Francis Anna Woodruff  
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 3  
year 1944 hour 2 minute 30 p.m.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife David P. Woodruff  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased Dec 22 1848  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 5  
1944 to April 3 1944  
that I last saw h. e. alive on April 3 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 3 Days 11  
If less than one day hr. min.

Immediate cause of death Coronary thrombosis  
Due to arteriosclerosis 10 years  
Due to senility

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

Other conditions None  
(Include pregnancy within 3 months of death)  
PHYSICIAN None  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housekeeper

11. Industry or business  
12. Name Wm. Gaut  
13. Birthplace Bowling Green Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Fine  
15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Laura Woodruff  
(b) Address 301 E. Gay, Warrensburg, Mo.  
17. (a) Burial (b) Date thereof 4-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill

Major findings:  
Of operations  
Of autopsy

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg, Mo.  
19. (a) April 4, 1944 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

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

23. Signature W. Williams (M. D. or other)  
Address Warrensburg, Mo. Date signed 4-4-44

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

2  
43  
39  
35297

**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..... *Earl Priest*.....

Licensed Embalmer No. **3878**.....

P. O. Address **Warrensburg, 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.**