

No. 2  
-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI

37661

**FILED** NOV 16 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**

(a) County Jasper  
(b) City or town Jasper  
(c) Name of hospital or institution Berman Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Okla (b) County Ottawa  
(c) City or town near Mann  
(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 Erma Victoria Woodard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct-7-1893  
(Month) (Day) (Year)

8. AGE: Years 52 Months \_\_\_\_\_ Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name L. D. Roark

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

14. Maiden name Rebecca Lankford

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

16. (a) Informant John Woodard

(b) Address Mann Ok

17. (a) burial (b) Date thereof 10/16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mann Ok

18. (a) Signature of funeral director W. Hooper

(b) Address Mann Ok

19. (a) 10-19-45 (b) E. Jones  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 14<sup>th</sup> day Oct  
year 1945 hour 2:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 6-45  
\_\_\_\_\_ 19. \_\_\_\_\_ to Oct. 14 19. 45  
that I last saw her alive on Oct 14 19. 45  
and that death occurred on the date and hour stated above.

Immediate cause of death cardio-vascular collapse Duration 14-45

Due to emotional obstruction  
relieved Oct 7-45

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy, within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature W. Hooper (M: D. or other) \_\_\_\_\_  
Address Jasper Mo Date signed 10-17-45

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

45-10-819

JAN 10 1945

JAN 22 1945

APR 3 1945

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. SeeRegistration District No. 156Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Erma V. Woolard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Oct 7 (Month) (Day) (Year)8. AGE: Years 52 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1945 (hour) \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Due to A loop of the distal ileum had strangulated under an adhesion band extending from the uterus to the right posterior abdominal wall.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Of autopsy noADDITIONAL,  
SUPPLEMENTARY  
INFORMATION  
REQUESTED

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 work) (e) Manner of injury \_\_\_\_\_

23. Signature Joplin Mo (M. D. or other) \_\_\_\_\_Address \_\_\_\_\_ Date signed 11-27-45

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

SUPPLEMENTARY

APR 8 1961

37662