

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26634
 Do not use this space.

FILED SEP 14 1946

1. PLACE OF DEATH

(a) County CLINTON Registration District No. 75
 (b) Township LA TRAP Primary Registration District No. 4138 Registered No. 72
 (c) City CLINTON (d) Street No. 4 (If death occurred in Hospital or Institution, write its name instead of street and number).
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HERBERT FRANKLIN WOODY
 (a) Residence, No. CLINTON RURAL St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER 2
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 30, 1921
 7. AGE YEARS 24 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 9. Industry or business in which work was done, as saw mill, bank, etc. FARMING
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1946
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

while walking on State Highway 116, was struck by an automobile
 Date of onset 1700-8
 Other contributory causes of importance:
accidentally struck by automobile
at 19 August, July 8/26/46
falling tho

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, outside, or homicide accident. Date of injury Aug 25, 1946
 Where did injury occur? Clinton County
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.
on state menutional highway 116
 Manner of injury struck by automobile
 Nature of injury skull crushed

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. D. Templeman, coroner, Clinton Co.
 (Address) Cameron mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weatherby MO
 13. NAME Walter Woody
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weatherby MO
 15. MAIDEN NAME Almina Sharp
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weatherby MO
 17. INFORMANT (ADDRESS) Jewell Dice Cameron MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cemetery DATE Aug 27, 1946
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) DeMoss CRUNK Cameron MO
 20. FILED Aug 27, 46 19 Mo Willie James Local Registrar.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

25460

JUN 17 1947

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SEP 17 1946

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DISTRICT HEALTH
Cameron, Mo.

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 Lee Mrs Crunk
Licensed Embalmer No. 2533
P. O. Address Cameron 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, above space should be left blank.