

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4357

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 1

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town Platting Rural
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community a few days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2723 So. 20th. St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country *

3. (a) PRINT FULL NAME Leslie F. Woodard
 3. (b) If veteran, name war None
 3. (c) Social Security 714-07-1195

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 16
 year 1947 hour 4 minute 00 P.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cordelia Inez
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased July 17 1894
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 16 1947 to Feb 16 1947
 that I last saw him alive on Feb 16 1947
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>29</u>	hr. min.

Immediate cause of death Coronary Occlusion Duration 2 hrs.

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

Due to _____
 Due to _____

10. Usual occupation Depot Foreman

Other conditions None
 (Include pregnancy within 3 months of death)

11. Industry or business Railway Express Agency

Major findings:
 Of operations None
 Of autopsy None

12. Name Franklin A. Woodard

13. Birthplace Greencastle Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Jane Cook

15. Birthplace Maryville Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cordelia Woodard

(b) Address 2723 So. 20th. St.

17. (a) Burial (b) Date thereof Feb. 19, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Missouri

18. (a) Signature of funeral director Norman W. Sidenfader

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Feb 17-1947 (b) Emmie Chatham
 (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? _____

(Specify type of place)

While at work? _____ (e) Means of injury Car

23. Signature W. P. Spalding (M. D. or other) MD

Address Platting Mo. Date Feb 16-47

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

MOTHER FATHER

APR 16 1947

MAY 1 1947

DISTRICT HEALTH OFFICE
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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.