

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

1. PLACE OF DEATH:

(a) County Cuyahoga

(b) City or town St. Joseph, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Roadway Hill Nursing Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos (Specify whether years, months or days)

In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wodaway <sup>74</sup>

(c) City or town Marysville <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) <sup>2</sup>

(e) Citizen of foreign country? No (Yes or No) <sup>1</sup>  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GLENN WOODBURN

(b) If veteran, name war No

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 7 PM minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White

6. (a) ~~Single~~ Widowed, married, divorced, Widowed

6. (c) Age of husband or wife if alive 4 - 2 - 1896 years (Month) (Day) (Year)

7. Birth date of deceased \_\_\_\_\_

21. I hereby certify that I attended the deceased from Oct 31 1946 to April 28 1947 that I last saw him alive on April 28 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 4 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Disseminated sclerosis  
Duration 2 1/2 yrs

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

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

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

10. Usual occupation Carpenter

Other conditions ✓ (Include pregnancy within 3 months of death)

11. Industry or business Self

Major findings: ✓ SPB

12. Name J. H. Woodburn

Of operations ✓

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

Of autopsy ✓

14. Maiden name Jenny Boyd

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

16. (a) Informant Francis Webb

(b) Address Sacey City, Mo

17. (a) removal (b) Date hereof 5/2/47 (Month) (Day) (Year)

(c) Place: burial or cremation Days of Kenner

18. (a) Signature of funeral director Charles B. Warner

Address Marysville, Mo

19. 5-5-47 (b) 6.6 Jenkins (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) \_\_\_\_\_ (c) Means of injury ✓

23. Signature Charles B. Warner (M. D. or other) ✓  
Address 321 Kirkpatrick Bldg Date Signed 5-3-47

**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: *G M Atkinson*

Licensed Embalmer No. *2279*

P. O. Address: *Monroeville, Md*

**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.**