S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3161733

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

49
2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 2424 Bird
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2424 Bird 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JOHN FRANKLIN WOODBURY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Lona
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 11, 1863 (Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Alanta, Georgia (City, town, or county) (State or foreign country)
10. Usual occupation retired Iron Moulder
11. Industry or business
FATHER
12. Name Joseph Franklin Woodbury
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Emma White
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Lona Woodbury
(b) Address 2424 Bird, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Missouri
19. (a) 8-30-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 120

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1947 hour 9 minute 20 P M.

21. I hereby certify that I attended the deceased from ? 1940 to Aug. 26 1947 that I last saw him alive on Aug 24 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	10 days
Due to Prostatic hypertrophy	10 yr
Due to Myocarditis	10 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. T. Blanke (M. D. or other) MD
Address Joplin, Mo. Date signed 8-28-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-8-746

MAY 8 19

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.