S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 20 1948
Registration District No. 122

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12257

Primary Registration District No. 5456

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution none South Campbell Street road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield, Missouri 2
(If outside city or town limits, write "RURAL")

(d) Street No. 937 East Elm 6
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country no

3. (a) PRINT FULL NAME Walter William Woody

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. unknown

4. Sex m 0

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased December 14, 1928
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
19	3	28	hr. min.

9. Birthplace Springfield, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business none

FATHER
12. Name Walter L. Woody
13. Birthplace Ozark, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Esta Davidson
15. Birthplace Ozark, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Bruton
(b) Address Springfield, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-13-48
(Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) April 13-48 (Date received local registrar) (b) Florence Britain (Registrar's signature) 105

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1948 hour 2 minute 25 P M.

21. I hereby certify that I attended the deceased from
no physician in attendance, 19 ; to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Crushing injury of chest
+ cerebral contusion

Due to Collision of automobile
in which he was a
passenger, with a truck

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence April 11 1948 39

(c) Where did injury occur? Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway
(Specify type of place)
While at work? no (e) Means of injury Automobile

23. Signature [illegible] C. Stone (M. D. or other) Coroner
Address Springfield, Mo Date signed 4-13-48

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

JUN 21 1946

RECEIVED
Greene County Health Office
County File Number 48-4-33
Date Filed 4-19-48

OCT 25 1949

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 Richard E Watts Registered Apprentice No. 206 working under my personal supervision.

Signed: Jewell E. Windle

Licensed Embalmer No. 2831

P. O. Address Springfield 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.