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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22735

Registration District No. 106 Primary Registration District No. 5420 Registrar's No. 8

1. PLACE OF DEATH:

(a) County DUNKLIN

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

(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DUNKLIN 35

(c) City or town HOLCOMB
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME CHARLES DAVID WOODALL JR.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JULY (Month) 22 (Day) 1948 (Year)

8. AGE: Years | Months | Days 2½ | If less than one day hr. min.

9. Birthplace HOLCOMB (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name CHARLES DAVID Woodall
13. Birthplace HOUSTON (City, town, or county) MISS (State or foreign country)

MOTHER
14. Maiden name HELEN Ruth WILSON
15. Birthplace HOLCOMB (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Pine City

18. (a) Signature of funeral director Buried Our selves

(b) Address

19. (a) July, 28-48 (Date received local registrar) (b) J. A. Anderson (Registrar's signature) 89

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from July 22, 1948, to July 25 1948 that I last saw him alive on July 25, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Hemmorrhage in to the dural cavity

Due to as the brain do to compression of the skull

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 2

23. Signature Byron L. Franklin (M.D. or other)

Address Campbell Mo Date signed 8/30/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 848-971
Date Filed 8-4-48

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.