

No. 300  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36041**

Registration District No. **78** Primary Registration District No. **5357** Registrar's No. **106**

**1. PLACE OF DEATH:**  
 (a) County **DAYLESS**  
 (b) City or town **Rural Benton twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **72 yrs.**

**3. (a) PRINT FULL NAME** **George Ditzler Woodward**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex **Male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Loris Woodward** 6. (c) Age of husband or wife if alive **50** years  
 7. Birth date of deceased **6 24 1876**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>72</b>	<b>4</b>	<b>24</b>	hr. _____ min. _____

**9. Birthplace** **McFall Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Farmer**

**11. Industry or business**  
 { **12. Name** **G. F. Woodward**  
 { **13. Birthplace** **Va.**  
 { **14. Maiden name** **Mary Allen Steel**  
 { **15. Birthplace** **McFall Mo.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Loris Woodward**  
 (b) Address **McFall, Mo. Rural**

**17. (a) Burial** (b) Date thereof **11-21-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **McFall Cemetery**

**18. (a) Signature of funeral director** **Robert J. Quaden**  
 (b) Address **Pattonburg, Mo.**

**19. (a) 6 Dec 1948** (b) **W. H. Englehart**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **DAYLESS**  
 (c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Benton Twp.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **11** day **18**  
 year **1948** hour **4** minute **00** P.M.  
**21. I hereby certify that I attended the deceased from** **8-28**, 19**48**, to **11-18**, 19**48**;  
 that I last saw him alive on **11-18**, 19**48**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration **1hr**  
 Due to **Coronary disease** **6 months?**

Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations **940**  
 Of autopsy \_\_\_\_\_  
**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? **D**

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
**23. Signature** **W. H. Englehart** (M. D. or other) \_\_\_\_\_  
 Address **Pattonburg, Mo.** Date signed **11-21-48**

(Licensed Embalmer's Statement on Reverse Side)

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

1  
3

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

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**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 Robert V. Dunham

Licensed Embalmer No. 4582

P. O. Address Pattonburg, 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.**