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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 15 1949

Registration District No. 174

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DELAYED

Primary Registration District No. 3035

State File No. 42921

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Lexington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1511 Franklin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life | (Month) \_\_\_\_\_ (Year) \_\_\_\_\_)

3. (a) PRINT FULL NAME SILAS W. WOODRUFF

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lydia Shanks 6. (c) Age of husband or wife if alive 27 1/2 years  
7. Birth date of deceased Oct 15 1876 (Month) (Day) (Year)

8. AGE: Years 71 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lexington MO (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

12. Name Jeremiah Woodruff  
13. Birthplace Lousan Co Penn (City, town, or county) (State or foreign country)  
14. Maiden name Alvina Wardsman  
15. Birthplace Bedford Penn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lydia Woodruff (b) Address Lexington MO

17. (a) Burial (b) Date thereof 8-17-48 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington MO

18. (a) Signature of funeral director J. J. Russell

(b) Address Lexington MO

19. (a) 27 Dec 48 (b) Registrar's signature 156 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette  
(c) City or town Lexington MO 54  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 1511 Franklin 2  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 7-5 1947 to Aug 17 1948  
that I last saw him alive on Aug 17 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the rectum to grow

Due to \_\_\_\_\_ 17 1/2 hr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 59

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Russell (M. D. or other) \_\_\_\_\_  
Address Lexington MO Date signed 8/16/48

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-14-49

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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.....

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.**