NOV 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36045
Do not use this space.

3

1. PLACE OF DEATH
(a) County Jefferson 1 Registration District No. 420
(b) Township Valle Primary Registration District No. 3022 Registered No. 71
(c) City De Soto (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herbert Arnold Woodard
(a) Residence, No. 827 N. Fourth St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 - 1928
7. AGE: YEARS 9 MONTHS 11 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. School age
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overland Mo. 0

FATHER
13. NAME C. H Woodard. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

MOTHER
15. MAIDEN NAME Mary Ellen Uland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Kansas

17. INFORMANT (ADDRESS) C. H. Woodard De Soto - Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE De Soto DATE Oct 8 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mothershead De Soto - Mo

20. FILED 10/26 1938 Jenera Donnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from By Inquest Oct 7 1938
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Verdict of Jury: Death by an unavoidable accident. 21 Dm
Date of onset
Other contributory causes of importance: Deceased struck by automobile

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 6, 1938
Where did injury occur? De Soto, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury struck by automobile
Nature of injury Internal injuries

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank Frazier, Coroner
38 (Address) Festus, Mo. 4

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.