

ESU JAN 13 1939

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

41955
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 5021
 (c) City Kansas City, Mo. (d) Street No. Mercy Hoop 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

361 Donald Wayne Woodroof
 (a) Residence, No. Errick, Mo. (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Errick Mo

FATHER 13. NAME Clyde Woodroof

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Errick Mo

MOTHER 15. MAIDEN NAME Jessie Dolas Lindstaff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co

17. INFORMANT (ADDRESS) Clyde Woodroof Errick, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Point DATE Dec 26 1938

19. FUNERAL DIRECTOR (ADDRESS) Libson & Son Errick, Mo

20. FILED Dec 25 1938 M. Th. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1938, to Dec 25 1938

I last saw him alive on Dec 25 1938 Death is said to have occurred on the date stated above, at 5 am.

The principal cause of death and related causes of importance were as follows:

Pri Bronchopneumonia Date of onset 10/20

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. B. Boderberg M. D.

(Address) 5317 Wyanzetta

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 1 X12004

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,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)