

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

40599
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 135
 (b) Township Cough Creek Primary Registration District No. 3034
 (c) City Moberly, Mo (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 211

2. PRINT FULL NAME

(a) Residence, No. 497 East Ballins 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Woodruff
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 1885
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 0 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as assayer, bookkeeper, etc. Coalminer
 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) 1935 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County, Missouri
 FATHER 13. NAME Ric Woodruff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Fannie Shoemaker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Mrs. Clara Woodruff, Moberly, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 11-8 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Hayman, Moberly, Mo
 20. FILED Nov. 8 1939 Leah Williams Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-5-1939
 22. I HEREBY CERTIFY, That I attended deceased from Cosner, Laue, 19____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Gunshot wound in gastric region and probably passing into his heart
 Date of onset 11-5-39
 Other contributory causes of importance: 1st
 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? suicide Date of injury 11-5-39
 Where did injury occur? Moberly, Randolph Co., Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. in home
 Manner of injury shot himself in abdomen
 Nature of injury see above
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Sprader, Cosner, M. D.
 (Address) Moberly, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2212

Date Filed DEC 12 1939

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.....

Orval Robinson

Licensed Embalmer No. 4101

P. O. Address Highland, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.