

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

12629
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 836
 (b) Township Elk Primary Registration District No. 6100 Registered No. 13
 (c) City ✓ (d) Street No. L 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

Harvey Lee Woodard
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day. hrs. or min.
one 8 23

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. ✓
 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) Missouri

FATHER 13. NAME Fred Woodard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Ernestine Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Fred Woodard

18. BURIAL, CREMATION, OR REMOVAL PLACE Quadrant DATE March 2, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. C. Knight
Panna, Mo.

20. FILED 3/25/40 Dr. George Smith Local Registrar.
Laura Hopkins Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1940, to Mar 1, 1940

I last saw him alive on Feb 29, 1940. Death is said to have occurred on the date stated above, at 3:39 m.

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

Bronchial Pneumonia Date of onset _____
 Other contributory causes of importance: 11W
Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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) Dr. George Smith, M. D.
Panna (Address) _____

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

District Health Officer No. *440-88*

District File Number *440-88*

Date Filed *4/6/40*

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 *Thomas E. Knight*

Licensed Embalmer No. *2189*

P.O. Address *Parsons, 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, above space should be left blank.