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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1940

State File No. 31972

Registration District No. 291 Primary Registration District No. 4175 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin Central Fr

(b) City or town Moselle
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Moselle
(If outside city or town limits, write "RURAL")

0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME CHESTER L. WOODY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Woody

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 13 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
40	11	22	hr. min.

9. Birthplace Franklin Co (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Post Master 0

11. Industry or business 0

FATHER
12. Name Wm. Woody
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Cora Hamilton
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant W. H. Woody
(b) Address Flat River, Mo.

17. (a) Oak Grove (Burial, cremation, or removal) (b) Date thereof Oct. 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Casey & Lenox
(b) Address St. Clair, Mo. 264

19. (a) Oct 7-1940 (Date received local registrar) (b) Laura Woody (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Suicide By Firearm	
Due to	
Due to 167	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Oct 5 1940
(c) Where did injury occur? Post office Moselle Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Post Office Moselle Mo (Specify type of place)
While at work? yes (e) Means of injury Gunshot

23. Signature Phil P. Thoffer (M. D. or other) Coroner
Address Sullivan Mo Date signed 10/5/40

(Licensed Embalmer's Statement on Reverse Side)

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 K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address .....

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

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