

STANDARD CERTIFICATE OF DEATH

39622

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 11 1940

4460

22

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town osceola
(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 9 mos. years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Clair
(c) City or town osceola
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULLNAME CLYDE RUBEN WOODALL, JR.

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 _____

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

7. Birth date of deceased: 8 (Month) 31 (Day) 40 (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 2 hr. min.

9. Birthplace osceola (City, town, or county) mo (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Clyde Ruben Woodall, Sr.

13. Birthplace Richhill (City, town, or county) mo (State or foreign country)

14. Maiden name Agnes Bell Ruby

15. Birthplace Harry Co. (City, town, or county) mo (State or foreign country)

16. (a) Informant Clyde Ruben Woodall Sr.

(b) Address osceola, mo.

17. (a) _____ (b) Date thereof 8-31-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Cem

18. (a) Signature of funeral director [Signature]

(b) Address Osceola, Mo.

19. (a) SEP 10-40 (b) Ruth Seese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 40 hour 8 minute 25 a.m.

21. I hereby certify that I attended the deceased from 6:28 a.m.
8-31, 1940, to 8:28 8-31, 1940;
that I last saw him alive on 8-31-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: massive atelectasis 2 hr. Duration

Due to Prematurity -

Due to _____

Other conditions 154
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 688

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. H. Douglas, Jr. (M. D. or other) M.D.

Address osceola, mo. Date signed 8-31-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1652

Date Filed 12-2-40

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.....

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, fact should be so stated above.