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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44073

Registration District No. 838

Primary Registration District No. 4509

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Stoddard  
 (a) County: Stoddard  
 (b) City or town: Dexter  
 (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 \_\_\_\_\_ (Specify whether)  
 years, months or days 2

8. (a) PRINT FULL NAME: Emma Woodard  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married  
 6. (b) Name of husband or wife: Dick Woodard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Sept. 20 1874  
 (Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: White County Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: 9

12. Name: William Myers 9  
 13. Birthplace: No Record

14. Maiden name: Mary 6688  
 15. Birthplace: No Record

16. (a) Informant: Dick Woodard  
 (b) Address: Dexter, Mo.

17. (a) Burial (b) Date thereof: 12/6/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Dexter, Mo.

18. (a) Signature of funeral director: Blankenship-Strickland  
 (b) Address: Dexter, Mo.

19. (a) 12/10 1940 Jessie R. Rubin  
 (Date received local registrar) (Year) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: Missouri (b) County: Stoddard  
 (c) City or town: Dexter  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. day 5th  
 year 1940 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept  
1940 to Dec 3rd, 1940  
 that I last saw her alive on Dec 3, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Stomach Duration 2 years

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 46

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?

755  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature: George Schaefer (M. D. or other) \_\_\_\_\_  
 Address: Walter no Date signed 12-7-40

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

RECEIVED

District Health Officer No.

District File Number 141-4

Date Filed 1/9/4

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**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, above space should be left blank.**