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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18686

Registration District No. 677 Primary Registration District No. 4403 Registrar's No. 94

1. PLACE OF DEATH:

(a) County Phelps

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marie 63

(c) City or town Gales Prairie 0 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Emry Dow Woodruff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M()

5. Color or race W

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

6. (b) Name of husband or wife Jewel Marie Woodruff

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased June (Month) 18 (Day) 1896 (Year)

8. AGE: Years 44 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Japan (City, town, or county) () Missouri (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER

12. Name Thomas Perry Woodruff

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

14. Maiden name Clementine McLeon

15. Birthplace Rosebud (City, town, or county) () Missouri (State or foreign country)

16. (a) Informant Mrs. Jewel Woodruff

(b) Address Belle, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Belle, Mo.

18. (a) Signature of funeral director A. G. Dicklider

(b) Address Belle, Mo.

19. (a) June 2, 1941 (Date received local registrar) (b) Jos. F. Ayers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st, year 1941 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from May 28th, 1941, to May 31, 1941, that I last saw him alive on May 31st, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis from ~~[illegible]~~ a ruptured

Due to appendix

Due to

Other conditions (Include pregnancy within 3 months of death)

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address Rolla, Missouri Date signed 5/31/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 641742
Date Filed

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 S. G. Lucklier

Licensed Embalmer No. 3359

P. O. Address Belle, Mo

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

If this body is not embalmed, fact should be so stated above.