

JAN 14 1942 408

Registration District No.

Primary Registration District No. 3020

Registrar's No. 194

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
720 E. 10th.
(If not in hospital or institution, write street number or location)

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

In this community 35 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 25

(c) City or town Carthage
(If outside city or town limits, write "RURAL") 1

(d) Street No. 720 E. 10th.
(If rural, give location) 3

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Juluis Derrit Woodard

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male race White

5. Color or race White

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

6. (b) Name of husband or wife Lula

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

7. Birth date of deceased March 15 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	8	13	hr. min.

9. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business None

MOTHER FATHER {

12. Name James Woodard

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

14. Maiden name Mary Mace

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

16. (a) Informant Lula Woodard

(b) Address 720 E. 10th.

17. (a) Burial Dec 10 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date thereof Dec 10 1941

(c) Place: burial or cremation Ceder Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) Dec 9 1941 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1941 hour 5:30 minute 0 M.

21. I hereby certify that I attended the deceased from Nov 10 1941 to Nov 8 1941
that I last saw him alive on Nov 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Tuberculosis Bacillus

Due to Tuberculosis Bacillus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1381

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? _____

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

23. Signature K. E. Baker (M. D. _____)
Address Carthage Date signed 12-9-41

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

365

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 *John D. Batchelder*
Licensed Embalmer No. *4153*
P. O. Address *Carthage 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, fact should be so stated above.