

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JAN 22 1942

Registration District No. 5762

Primary Registration District No. 5762

Registrar's No. 131

67  
0  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Wyatt Louisiana, La.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway #601  
(If not in hospital or institution, write street number or location)

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

In this community 3 years  
years, months or days

3. (a) PRINT FULL NAME TOMMIE JEFFERSON WOODRUFF

3. (b) If veteran, name war X X X X

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: MAY 14 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation FARMING

11. Industry or business FARMING

MOTHER FATHER

12. Name ALF WOODRUFF

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

14. Maiden name KATIE WEAVER

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

16. (a) Informant LUTHER WOODRUFF

(b) Address Wyatt, Mo.

17. (a) BURIAL (b) Date thereof 12-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE-CHARLESTON

18. (a) Signature of funeral director Paul - Hummel

(b) Address Charleston, Mo.

19. (a) 12-14-41 (b) F. J. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Wyatt  
(If outside city or town limit, write "RURAL")

(d) Street No. U. STATE Highway #600  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4  
year 1941 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Mar 17 1941 to Dec 1 1941  
that I last saw him alive on Dec 1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Endocarditis OK.

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

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

Other conditions Chr. P. C. of liver OK.  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations X

Of autopsy none 9/10

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) (Means of injury)

23. Signature E. Chase Fleming (M. D. or other) \_\_\_\_\_

Address Charleston Mo. Date signed \_\_\_\_\_

**RECEIVED**

District Health Office No. 2,

District File Number 142-84

Date Filed 1-16-42

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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.

*not embalmed*

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.**