

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(c) Name of hospital or institution Latham Parvotonia
(d) Length of stay: In hospital or institution 3 days
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California mo 068
(d) Street No.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Walter Earnest Woodard

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Sept 6 1906 (Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 6 If less than one day, hr. min.

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

10. Usual occupation Farmer & Textile Worker

11. Industry or business Working in Textile Mill

12. Name Jason Woodard

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

14. Maiden name Matilda Brown

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

16. (a) Informant Jason Woodard

(b) Address California mo

17. (a) Burial (b) Date thereof 3/12/42 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director William G. Gurdney (b) Address California mo

19. (a) 3-11-42 (b) Mrs. James P. Ock (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10 year 1942 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar 8 1942 to Mar 10 1942 that I last saw h. alive on Mar 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute gangrenous (perforated) appendicitis complicated by peritonitis and shock
Due to and shock
Duration about 4 or 5 days

Other conditions 12/11
(Include pregnancy within 3 months of death)

Major findings: Gangrenous perforated appendix, peritonitis
Of operations none made
Of autopsy none made
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? _____

23. Signature L. L. Latham (M. D. or other) no
Address California mo Date signed 3-11-42

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

MOTHER FATHER

7F

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.....

Hugh E Williams

Licensed Embalmer No.....

3537

P. O. Address.....

California 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.