

FILED FEB 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 600

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

49
52
51

er Black

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution: Freeman

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days

In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper

(d) Street No. 807 Broadway

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charley Frank Woodard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th

year 1943 hour 7 minute 40 A.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 16 - 1887

21. I hereby certify that I attended the deceased from Jan. 4 1943 to January 8 1943

that I last saw h. alive on January 7th 1943

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>8</u>	<u>23</u>	hr. min.

Immediate cause of death Chronic Nephritis

Duration ? mos.

9. Birthplace Bentonville Ark

(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Cab Driver

11. Industry or business Yellow Cab

Other conditions Generalized Sclerosis

(Include pregnancy within 3 months of death) 2 wks

12. Name no record

13. Birthplace no record

14. Maiden name Anna Waggoner

15. Birthplace no record

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Anna Woodard

(b) Address 807 Broadway

17. (a) Burial (b) Date thereof 1-11-43

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Gark Memorial

18. (a) Signature of funeral director Thomhill Dillon

(b) Address 4th & Wall St

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) 1-11-43 (b) Arthur S. Suter

(Date received local registrar) (Registrar's signature)

23. Signature Ernie H. Black (M. D. or other)

Address Price Bldg - Joplin Date signed 1/9/43

43-1-94

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 Cecil A. Shankill

Licensed Embalmer No. 3590

P. O. Address Spring Hill

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.