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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1944

Registration District No. ____

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

18708

State File No. ____

Primary Registration District No. 5806

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Monroe.

(b) City or town Rural. (Santa Fe, MO)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / South Fork Fur
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 2 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town SantaFe, Missouri. 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country /

3. (a) PRINT FULL NAME Albert J. Woodrow.

3. (b) If veteran, name war ____

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Alice E. Earl

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October, 19 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	7	0	hr. ____ min.

9. Birthplace Green Valley, Illinois. /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

FATHER
12. Name Oliver Woodrow.
13. Birthplace Unknown Illinois. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Olive Cleopatrick.
15. Birthplace New York, New York. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Woodrow,
(b) Address SantaFe, Missouri.

17. (a) Burial (b) Date thereof 5-21-44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LickCreek Cemetery.

18. (a) Signature of funeral director Clyde Wilkey
(b) Address Perry, Missouri.

19. (a) 5-20-44 (b) Mayme Easton
(Date received local registrar) (Registrar's signature)

1374

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th, day May
year 1944 hour 9:30 minute P.M.

21. I hereby certify that I attended the deceased from April 16, 1944, to May 15 - 1944
that I last saw him alive on May 15 - 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Paralysis agitans	8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

87c

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 E. T. Swan (M. D. or other) D.O.

Address Perry, Mo Date signed 5/24/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-44-1030
Date Filed JUN 5 1944

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 Clyde Wilcox

Licensed Embalmer No. 3820

P. O. Address Perry Ind

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.