

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

24595  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Dunklin Registration District No. 106  
 (b) Township Halcomb Primary Registration District No. 4178 Registered No. 13  
 (c) City Halcomb (d) Street No. Cochran Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. 0 "Baby" Woolf St.  Piggott, Ark.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-19-44

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 9 hrs. or 9 min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -  
 9. Industry or business in which work was done, as saw mill, bank, etc. -  
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Halcomb (STATE OR COUNTRY) Missouri

FATHER 13. NAME Frank E. Woolf 14. BIRTHPLACE (CITY OR TOWN) Greenway, Arkansas (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Amy Reeves 16. BIRTHPLACE (CITY OR TOWN) Piggott, Arkansas (STATE OR COUNTRY)

17. INFORMANT Frank E. Woolf (ADDRESS) Piggott, Arkansas

18. BURIAL, CREMATION, OR REMOVAL PLACE MITCHEL CEMETERY DATE JUNE 20, 1944

19. FUNERAL DIRECTOR (NAME) W. H. Tolson (ADDRESS) Piggott, Ark.

20. FILED July 14, 1944 Bernice Wilson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1944

22. I HEREBY CERTIFY, That I attended deceased from 6/17 1944 to 6/19 1944

I last saw him 6/19 alive on 6/19 1944 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of Heart

Date of onset

Other contributory causes of importance: Respiratory, Fracture

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) W. H. Tolson, M. D.

(Address) Halcomb, Ark.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 20 1944

1370

(Licensed Embalmer's Statement on Reverse Side)

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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.

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.**