V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31510

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla, ~~Route No. 2~~ (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Memorial Hospital (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 hrs (Specify whether years, months or days)
In this community Fifteen Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 21
(c) City or town Rural...Route 2 Rolla (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Y

3. (a) PRINT FULL NAME Bertha Woodward

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

4. Sex Female 1
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Daniel Waldo Woodward
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 19, 1905 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	7	24	hr. min.

9. Birthplace San Antonio Texas 1 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Ernest Kratzmeyer
13. Birthplace Nebraska 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mollie Mouler
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant D. W. Woodward,
(b) Address Route No. 2 Rolla, Mo.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery
18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.
19. (a) 8-15-44 (Date received local registrar) (b) 9-2 Rolla Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 13 year 1944 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from August 13, 1944, to August 13 1944 that I last saw her alive on August 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Shock

Due to Gunshot wound left of heart

Due to Accident

Other conditions (Include pregnancy within 3 months of death) 184

Major findings:
Of operations
Of autopsy 37

Duration

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) Accident 0 21
(b) Date of occurrence August 13, 1944
(c) Where did injury occur? Rural-Rolla (City or town) Phelps (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? Yes (e) Means of injury Gunshot
23. Signature A. Gary McFarland (M. D. or other)
Address Rolla, Mo. Date signed 8/13/44

Recorded on Local Registrar's Office 9-11-1944

(Licensed Embalmer's Statement on Reverse Side)

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. 3297

P. O. Address. Rolla 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.