

S. No. 2  
DM-5-42  
v. 5-17-39  
X32873

37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 11 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 5466

Registrar's No. 920

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Rural S. Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of Township)  
(c) Name of hospital or institution:  
Route 8  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Rural Springfield, S. Campbell Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 8  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21,  
year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from July-17 to Nov-21 1944  
that I last saw him alive on Nov-20 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Cardio-vascular disease  
Due to Hypertension

Duration

Due to \_\_\_\_\_

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

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Henry J. ... (M. D. or other) \_\_\_\_\_  
Address 450 1/2 E. ... Date signed 11/22/44

3. (a) PRINT FULL NAME Jared Kingery Woodfill

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 491-05-3049

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

6. (b) Name of husband or wife George Woodfill 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May 24, 1888  
(Month) (Day) (Year)

| 8. AGE:                             | Years     | Months   | Days      | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | <u>56</u> | <u>5</u> | <u>27</u> | hr. _____ min.       |

9. Birthplace Nichols, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Truck Lines

12. Name John W. Woodfill

13. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Mo.  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgie Woodfill

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof Nov. 23, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 11-22-44 (b) H. W. ...  
(Date received local registrar) (Registrar's signature)

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

3900

984

(Licensed Embalmer's Statement on Reverse Side)

11/22/44  
11/22/44

**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 *Harlow Knabb*  
Licensed Embalmer No. *4065*  
P. O. Address *Springfield 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.**

X