

FILED AUG 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. 24287

Registration District No. 207

Primary Registration District No. 5756

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Rural - Jefferson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution (Specify whether)
 In this community 41 years
 years, months or days

3. (a) PRINT FULL NAME Jalitha Woodruff

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas P. Woodruff 6. (c) Age of husband or wife if alive 3 years 1858

7. Birth date of deceased January (Month) 3 (Day) 1858 (Year)

8. AGE: Years 88 Months 6 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jessie Melton

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

14. Maiden name Unknown

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

16. (a) Informant John S. Smith(b) Address Jefferson - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (Month) (Day) (Year)

(c) Place: burial or cremation Bawels Chapel Cemetery18. (a) Signature of funeral director Pauline Howard(b) Address Belle - Mo.

19. (a) 7/9/46 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Rural (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
 year 1946 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from 7/10/46 to July 22, 1946
 that I last saw her alive on July 22, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial degeneration -
Chronic Nephritis with Edema
 Due to Chronic Nephritis with Edema
 Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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?

While at work? (Specify type of place) (f) Means of injury

23. Signature P. H. Schoenbach (M. D. or other)

Address Belle, Mo. Date signed 7/6/46

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7-29-46

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

Chester Wassmann

Licensed Embalmer No.

4178

P. O. Address

Bland - 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Aug

Registration District No.

207

Primary Registration District No.

5756

Registrar's No.

179

1. PLACE OF DEATH:

(a) County marion
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution 4 yrs (Specify whether
In this community 4 yrs years, months or days)

3. (a) PRINT
FULL NAMEJalitha Woodruff3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,
divorced wid

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive

7. Birth date of deceased Jan 3 (Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 0 (If less than one day
hr. min.

9. Birthplace Shelby Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Jessie Melton

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

14. Maiden name unknown

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

16. (a) Informant Mrs P Lythard

(b) Address Highgate Mo

17. (a) buried (Burial, cremation, or removal) (b) Date thereof 7/6/46 (Month) (Day) (Year)

(c) Place: burial or cremation Buried Chapel

18. (a) Signature of funeral director James T. Howard

(b) Address Belle Mo

19. (a) 7/9/46 (Date received local registrar) (b) Pauline Howard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County marion
(c) City or town Jefferson - rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 19 46 year 1946 hour 10 minute 42 M.

21. I hereby certify that I attended the deceased from July 10/42 to July 22/46
that I last saw him alive on July 22/46
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocardial degeneration & chronic nephritis with edema Duration 4 yrs 3 yrs

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

Due to Chronic Myocardial degeneration & chronic nephritis with edema

Due to Chronic Myocardial degeneration & chronic nephritis with edema

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

Due to Chronic Myocardial degeneration & chronic nephritis with edema

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Due to Chronic Myocardial degeneration & chronic nephritis with edema

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

Due to Chronic Myocardial degeneration & chronic nephritis with edema

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

MOTHER FATHER

24287