S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34419

Registration District No. 278 Primary Registration District No. 4414 Registrar's No.

1. PLACE OF DEATH:

(a) County: Pike

(b) City or town: Ashburn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Town Limits of Ashburn
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pike

(c) City or town: Ashburn
(If outside city or town limits, write "RURAL")

(d) Street No.: Town Limits of Ashburn
(If rural, give location)

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

3. (a) PRINT FULL NAME: JAMES WARREN WOODALL

3. (b) If veteran, name war: No

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: Annie D. Woodall

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: December (Month) 25 (Day) 1875 (Year)

8. AGE: Years 70 Months 8 Days 24 If less than one day hr. min.

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

10. Usual occupation: Retired Powder Plant Employee

11. Industry or business: —

FATHER
12. Name: John Wesley Woodall
13. Birthplace: UNKNOWN (City, town, or county) — (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) — (State or foreign country)

16. (a) Informant: Mrs. Annie D. Woodall
(b) Address: Ashburn Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/22/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashburn Cemetery

18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana Missouri

19. (a) 9/22/46 (Date received by registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1946 hour 2 minute 30 p.m.

21. I hereby certify that I attended the deceased from about 1930, 19__ to Sept. 18, 1946 that I last saw him alive on Aug. 28, 1946, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia — Duration: 2 days

Due to: Long confinement to bed

Due to: Locomotor Ataxia

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

30 A

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): no
(b) Date of occurrence: no
(c) Where did injury occur? no (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): none
While at work? no (e) Means of injury: no

23. Signature: Charles F. Lewellen M.D. (M. D.)
Address: Louisiana Mo. Date signed: 8/21/46

378 (Licensed Embalmer's Statement on Reverse Side)

NOV 0 1946

RECEIVED
District Health Officer No. 10
Birth File Number 10-46-1896
Date Filed OCT 14 1946

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 Harold V. Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.