S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1948

Registration District No. 248 Primary Registration District No. 4369 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca ~~Rural~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 13
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Seneca 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

3. (a) PRINT FULL NAME Cecil Woodward Jr.
3. (b) If veteran, name war
3. (c) Social Security No. 490-22-4592
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 24 (Day) 1927 (Year)

8. AGE: Years 19 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Seneca (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Cecil O. Woodward
13. Birthplace Dessa (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Amry E. Testerman
15. Birthplace Neosho (City, town, or county) Mo. (State or foreign country)
16. (a) Informant E. E. Gieding
(b) Address 501 Oak Ridge Drive Neosho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Swars Prairie Cemetery
18. (a) Signature of funeral director W. E. Biddlecome
(b) Address Seneca Mo.
19. (a) 2-3-47 (Date received local registrar) (b) Mrs Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1947 hour 10:52 minute P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him ~~alive~~ dead on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Crushed Chest, Multiple Fractures to Arms & legs.	
Due to Internal Injuries	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

170c 8

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
(b) Date of occurrence February 1, 1947
(c) Where did injury occur? Seneca (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Grade Crossing Accident Frisco Crossing (Specify type of place)
While at work? No (e) Means of injury Struck by train
23. Signature Corley Thompson Coroner (M. D. or other)
Address Neosho Mo Date signed 2/3/47

(Licensed Embalmer's Statement on Reverse Side) Auto Coll. with Train

APR 23 1947

RECEIVED
District Health Officer No. Newton
District File Number 247-29
Date Filed 2-11-47

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. W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address. Seneca 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.