

FILED MAR 3 1948

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. 11

1. PLACE OF DEATH:

(a) County BOLLINGER
(b) City or town RURAL LIBERTY TWP
(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 LIFETIME
years, months or days

3. (a) PRINT FULL NAME ROBERT EUGENE WOODFIN

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

4. Sex MO 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. 4 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 4 17 hr. min.

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

10. Usual occupation STUDENT

11. Industry or business L

MOTHER FATHER { 12. Name ROBERT WOODFIN
13. Birthplace BOLLINGER Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name OPAL FRANCIS
15. Birthplace BOLLINGER Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant ROBERT WOODFIN
(b) Address WATESVILLE, Mo. Route 1

17. (a) BURIAL (b) Date thereof 2-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAKER CEM., WATESVILLE, Mo.

18. (a) Signature of funeral director BAKER FUNERAL HOME

(b) Address WATESVILLE, Mo.

19. (a) 2-28-48 (b) Willie Ann Amburgeh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County BOLLINGER 9
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR WATESVILLE, Mo.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 21st
year 1948 hour 4:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 2/20/48, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Rheumatic heart disease
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95B
Of autopsy _____

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) _____
(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? 2
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John W. Myers (M. D. or other) DO
Address Bullardsville, Mo. Date signed 2/25/48

RECEIVED

District Health Officer No. 4
District File Number 348-306
Date Filed 3-2-48

MAR 18 1948

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.....

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrell, 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: