S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 156

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 19876

Registrar's No.

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

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution:
1315 PENNSYLVANIA
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1315 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN ANDY WOFFORD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETTA

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

7. Birth date of deceased March (Month) 2 (Day) 1873 (Year)

8. AGE: Years 75 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace WOOSTER, ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name RAYMOND WOFFORD
13. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name NETTIE LANCASTER
15. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ETTA WOFFORD
(b) Address 1315 Pennsylvania, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo

19. (a) 6-28-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st. day June
year 1948 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from June 17, 1948, to June 21, 1948
that I last saw him alive on June 21, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary occlusion	5 days
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)

While at work? (e) Means of injury

23. Signature Jay E Phyers MD (M. D. or other)

Address 708 Frisco Bldg Date signed June 23-48

(Licensed Embalmer's Statement on Reverse Side)

48-6-568

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.