

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 588

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El-Dorado spgs</u> c. LENGTH OF STAY (in this place) <u>65 yrs</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cedar</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El-Dorado Springs</u> d. STREET ADDRESS (If rural, give location) <u>105 W. Gal. Davis St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE K</u> b. (Middle) <u>P.</u> c. (Last) <u>WOODRUFF</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 16 1867</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>2</u>		11. DAYS <u>2</u>		12. HOURS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Extensive real estate</u>		11. BIRTHPLACE (State or foreign country) <u>Waterbury Conn</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>George A Woodruff</u>				13b. MOTHER'S MAIDEN NAME <u>Emily Humiston</u>			
14. NAME OF HUSBAND OR WIFE <u>Lou Woodruff</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Lou Woodruff</u>				ADDRESS <u>El-Dorado spgs</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cervical glands left anterior chain</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11-11-11</u>			
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>2:30 pm, 1949</u> , to <u>2:30 pm, 1949</u> , that I last saw the deceased alive on <u>2:30 pm, 1949</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Hill M.D.</u>				23b. ADDRESS <u>El-Dorado Springs, Mo</u>		23c. DATE SIGNED <u>1 Feb. '49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El-Dorado City</u>		24d. LOCATION (City, town, or county) (State) <u>El-Dorado spgs MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB. 3, 1949</u>		REGISTRAR'S SIGNATURE <u>George W. Napier</u>		418		25. FUNERAL DIRECTOR'S SIGNATURE <u>Napier Funeral Home</u> ADDRESS <u>El-Dorado spgs</u>	

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

(If not Employer's Statement on Reverse Side)

JAN 3 1955

RECEIVED
District Health Officer No. 7,
District No. Number 1-49-10
Date Filed 2-7-59

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El Paso, Texas

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.