REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19166
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis Registration District No. 168
(b) Township Primary Registration District No. 3632 Registered No. 149
(c) City Sedalia (d) Street No. 1211 S. Ohio St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles L. Wooldridge 436
(a) Residence, No. 1211 S Ohio St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Libbie J. Wooldridge
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 31, 1862
7. AGE: YEARS 75, MONTHS 6, DAYS 10. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Veterinarian
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson County Illinois

FATHER
13. NAME William S. Wooldridge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary J. Ditmar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Libbie J. Wooldridge
(ADDRESS) 1211 S. Ohio, Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Tipton, Masonic DATE 5-12-1938
19. FUNERAL DIRECTOR Jenice E. Richards
(ADDRESS) Tipton Mo
20. FILED May 11 1938 Jean Slack
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1938 to May 11 1938
I last saw him alive on May 11 1938. Death is said to have occurred on the date stated above, at 9:00 A.m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion — Date of onset May 10 1938
93C

Other contributory causes of importance:
Arterio-sclerosis
Chronic myocarditis
Date of onset: 10 yrs.

Name of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) [illegible signature], M. D.
604 (Address) Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Jennell E Richards, Licensed Embalmer No. 2466

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jennell E Richards

Licensed Embalmer No. 2466

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)