

JAN 15 1940

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

43071
Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 175^E
 (b) Township Ben Branch Primary Registration District No. 5246 Registered No. 53
 (c) City (d) Street No. 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

46.3 Nellie Woolridge
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Clarence Woolridge
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. housewife
 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)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME Frank Scott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Nancy Scott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS)

Clarence Woolridge
Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Wesley Cemetery 12/25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

W. B. Dunkelmyer
Salisbury Mo

20. FILED

1/12/40 1939 W. H. Platt
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1939, to Dec 23, 1939.
 I last saw her alive on Dec 23, 1939. Death is said to have occurred on the date stated above, at 8 P. m.
 The principal cause of death and related causes of importance were as follows:

Industrial nephritis
near
to more

131
 Other contributory causes of importance:
Bronchial pneumonia Dec 17th

Name of operation Date of
 What test confirmed diagnosis? laboratory Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 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

(Signed) W. H. Platt
 (Address) Salisbury Mo.

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 TO QUALIFY FOR THE LICENSE
FOR EMBALMERS OF THE STATE OF CALIFORNIA

Date Filed 11/11/10
District File Number
District Health Officer No. 8

RECEIVED

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 _____

Licensed Embalmer No. _____

P.O. Address _____

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, above space should be left blank.