

Registration District No. 225

Primary Registration District No. 5306

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Near Wooldridge, Saline Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route / Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER
(c) City or town SALINE TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME W. Howard Henry Wooldridge
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April Day 2nd
of year Jan. hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____;
that I last saw him _____ alive on never seen alive, 1941;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Lucille Wooldridge 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased November 5 1866
(Month) (Day) (Year)

Immediate cause of death _____
Due to Chronic Myocarditis?
Due to Rheumatic. Found dead, sitting in chair.
Other conditions (Include pregnancy within 3 months of death) _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>74</u> | <u>1</u> | <u>28</u> | hr. _____ min. |

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business Farm

MOTHER FATHER {
12. Name Richard Wooldridge
13. Birthplace Virginia (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant B. L. Wooldridge
(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Jan. 8 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Boonville City Cemetery

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) Jan 8-41 (b) W. Hooper
(Date received local registrar) (Registrar's signature)

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) No
(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? No

23. Signature L. J. Meister (Specify type of place) _____ (e) Means of injury _____
Address Boonville, Mo. Date signed Jan 7/41

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

087

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-6

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. 3598

P. O. Address
Wesley 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.