

FILED MAY 15 1941

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

14668

1. PLACE OF DEATH

(a) County Harrison Registration District No. 720
(b) Township _____ Primary Registration District No. 4203 Registered No. 41
(c) City Mt. Moriah (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

Frank Rubert Wooderson
(a) Residence, No. Mt Moriah Mo. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanch Wooderson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/16/1874.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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

13. NAME William Wooderson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Rubert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Jennie Sallee (ADDRESS) Ridgeway Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon Cmty. DATE 4/28 1941

19. FUNERAL DIRECTOR J. M. Chambers. (ADDRESS) Mt. Moriah Mo. 307

20. FILED 4/29 1941 Miss G. Sellers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1941

22. I HEREBY CERTIFY, That I attended deceased from April 20 1941, to April 27 1941. I last saw him alive on April 27 1941. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes of importance:

Schizophrenia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? Yes

If so, specify _____

(Signed) G. J. Sellers M. D.

(Address) Mt Moriah Mo.

STATEMENT BY LICENSED EMBALMER

I, John M Chambers

Licensed Embalmer No.

2109

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

myself

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

John M Chambers

Licensed Embalmer No.

2109

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.)