

No. 2
24-41
17-39
X29484

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25629

BUREAU OF THE CENSUS
FILED AUG 13 1942

State File No. _____

Registration District No. 908

Primary Registration District No. 4549

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County wright 114

(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John Woolard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1942 hour 6 minute 15 P.M.

4. Sex M. D 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arlena Woolard 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 30 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21st, 1942, to June 21st, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

58 0 21 hr. _____ min.

Immediate cause of death Pulmonary Hemorrhage 100%

Due to Pulmonary Tuberculosis

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Stephen Woolard

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Dolly Rose

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Woolard

(b) Address Mountain Grove Mo

17. (a) Burial (b) Date thereof June 24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manes Mo

18. (a) Signature of funeral director E. Stapp

(b) Address Mountain Grove Mo

19. (a) 8/8/42 (b) Ruby H. Perry
(Date of local registrar) (Registrar's signature)

Major findings:
Of operations ✓

Of autopsy ✓

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) ✓

(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? ✓

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. G. Frame (M. D. or other) _____
Address Mountain Grove, Mo Date signed 8/8/42

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

MOTHER FATHER

1040 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 842-7077

Date Filed AUG 11 1942

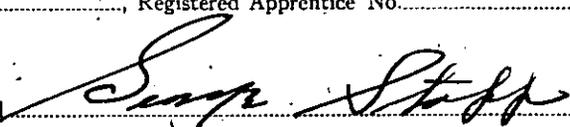
STATEMENT BY LICENSED EMBALMER

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. 3161

P. O. Address Mt. Home

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.