

1. PLACE OF DEATH

(a) County Harrison
(b) City or town Bethany
(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
In this community all of life
years, months or days

3. (a) PRINT FULL NAME Aura Bea Wooden

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

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Oct 7 1937
(Month) (Day) (Year)

8. AGE: Years 7 Months 4 Days 16
If less than one day hr. min.

9. Birthplace Bethany Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name Miles H. Wooden
13. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Cordia M. Kelley
15. Birthplace Harrison Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Cordia Wooden

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof June 23 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) June 30 44 (b) Zola M. Beuer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Bethany 41
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death

accident
Due to Being electrocuted by
coming in contact with a
Due to live wire

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 193
Of autopsy 99
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) Accident 041

(b) Date of occurrence June 23 1944

(c) Where did injury occur? Bethany Harrison Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in yard near home

While at play (Specify type of place)

(e) Means of injury

23. Signature Joe E. Wheeler (M.D. or other) Coroner

Address Bethany Mo Date signed June 24 1944

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

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 Joe E. Wheeler
Licensed Embalmer No. 3512
P. O. Address Bethany 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.