Dr. Hingyard

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30619

FILED OCT 3 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 774

1. PLACE OF DEATH:

(a) County: Greene

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

(c) Name of hospital or institution: 930 N. Robberson (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield (If outside city or town limits, write "RURAL")

(d) Street No.: 930 N. Robberson (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Leslie F. Wooldridge

3. (b) If veteran, name war: No

3. (c) Social Security No.: UNK.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: ~~Mary~~ Marie H. Wooldridge

6. (c) Age of husband or wife if alive: UNK. years

7. Birth date of deceased: April (Month) 13 (Day), 1879 (Year)

8. AGE: Years 66 Months 6 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace: Youngstown (City, town, or county) Ohio (State or foreign country)

10. Usual occupation: Brickmason

11. Industry or business: Frisco R.R.

MOTHER FATHER

12. Name: Thomas Dennis Wooldridge

13. Birthplace: Davenshire (City, town, or county) England (State or foreign country)

14. Maiden name: Mary Fownes

15. Birthplace: Pittsburg (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant: Mary H. Wooldridge

(b) Address: Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/30/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, Mo.

19. (a) 10-1-45 (Date received local registrar) (b) O. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 28 year: 1945 hour: 3 minute: 55 p.m.

21. I hereby certify that I attended the deceased from Aug. 18, 1945, to Sept. 28, 1945; that I last saw him alive on Aug. 18, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the bladder	about one year
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 52 N	
Major findings of operations: Carcinoma of the bladder	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: O. C. Horst M.D. (M. D. or other)

Address: 430 South Ave., Springfield Mo. Date signed: Oct 1, 1945

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1945

FEB 4 1946

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 Walter E Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Greene }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 774

On this 30 day of January, 1946, before me appears Marie Wooldridge, who, upon her oath, states that the original record of ~~birth~~ death for Leslie F. Wooldridge, died ~~born~~ Sept. 28, 1945, in the State of Missouri, and which was filed at Sped., Mo. on Oct. 1, 1945 should be corrected as follows:

Item No. 6b should read Marie H. Wooldridge

Instead of Mary H. Wooldridge

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marie Wooldridge Wife
Relationship.

930 N. Robberson Springfield Mo.
Present Address.

Subscribed and sworn to before me this 30 day of January, 1946.

My Commission expires July 5, 1947 Lulu S. Jernigan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M-5-43
X36929

30619

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