

S. No. 2
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5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 358

Primary Registration District No. 45-23

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1
(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) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 102

(c) City or town Schell City U
(If outside city or town limits, write "RURAL") U

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Richard M. Wooderson

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 married

6. (b) Name of husband or wife Elva Wooderson 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September 1, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name R. J. Wooderson

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

14. Maiden name Rachel Walker

15. Birthplace Johnstown Mo. A
(City, town, or county) (State or foreign country)

16. (a) Informant Cha M. Wooderson

(b) Address Schell City, Mo.

17. (a) Burial (b) Date thereof 10/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery Park Hill

18. (a) Signature of funeral director Lute Lewis & Son
(b) Address Schell City, Mo.

19. (a) Oct 1-1945 (b) Mr. Sarah E. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1945 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from 6-19, 1945, to 9-29, 1945; that I last saw him alive on 9-11, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular heart disease (mitral stenosis & regurgitation) complicated by arteriosclerotic heart disease with auricular fibrillation

Due to _____

Due to _____

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

Duration _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury O

23. Signature Chas. M. Darg (M. D. or other) _____
Address: nearby W. 2 Date signed Oct 1945

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

RECEIVED

District Health Officer No. 7;

District File Number: 10-45-1086

Date Filed 11-8-45

DEC 18 1945

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 Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address Schell City, 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.