

FILED JUN 25 1947

State File No.

X35897

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 206

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, Mo.
(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 25 years
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Binnie M. Wooldridge

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Robert Geo Wooldridge 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Dec. 19, 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 24 If less than one day
hr. min.

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

10. Usual occupation housewife

11. Industry or business
12. Name William Cook
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Leonard
15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R. G. Wooldridge
(b) Address Farmington, Mo.

17. (a) b (b) Date thereof 6-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkview

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.

19. (a) 6-17-47 (b) Ether Redloff
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month June day 13
year 1947 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 13, 1947
to June 13, 1947
that I last saw him alive on June 13, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lung & bone metastases

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H.P.

Of autopsy

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 F. Richard Cramer (M. D. or other) md
Address Farmington, Mo. Date signed 6-16-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 647-858
Date Filed 6-24-47

JUL 2 1947

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 772

....., Registered Apprentice No.

working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

P. O. Address Farmington W

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.