

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41747**
Registrar's No. **159**

Registration District No. **187** Primary Registration District No. **3040**

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
411 Reynard Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County Storey **999**
(c) City or town Kelly **13**
(If outside city or town limits, write "RURAL") **0**
(d) Street No..... (If rural, give location) **2**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Stewart 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 Married
6. (b) Name of husband or wife Minnie Johnson Wooden 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased January 31 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 18th
year 1945 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from Dec 17 1945
that I last saw him alive on Dec 17 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 10 17 hr. min.

Immediate cause of death Lobar pneumonia Duration 5 days
Due to fatal myocardial infarction 10 yrs
Due to long of compensation
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings:
Of operations..... 108
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....
12. Name James M. Wooden
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Emmaline Parsons
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant Mrs. Minnie Wooden
(b) Address 411 Reynard; Chillicothe, Mo
17. (a) Burial (b) Date thereof 12-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coloma Cemetery
18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) Dec-19-1945 (b) James B. Neill
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury
23. Signature [Signature] (Date signed) 12/19/45
Address [Signature]

151K (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 _____
_____ Eaton F. Norman _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Eaton F. Norman
Licensed Embalmer No. 4036
P. O. Address Chillicothe, 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.