

No. 2
1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18410

State File No. _____

FILED JUN 16 1942

Registration District No. _____

Primary Registration District No. 5684

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Birnington

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

(c) Name of hospital or institution: Dawn mo 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) Wife

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Birnington

(c) City or town Dawn (If outside city or town limits, write "RURAL") 511

(d) Street No. Dawn mo 2 (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Rannie Wooden

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 2 1942 to June 18 1942 that I last saw her alive on June 1 1942 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James M Wooden 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May- 18-1860 (Month) (Day) (Year)

Immediate cause of death Heart decompensation 6 weeks

Due to Chronic myocarditis ?

Due to _____

8. AGE: Years 82 Months 0 Days 20 If less than one day ✓ hr. ✓ min. ✓

9. Birthplace Blue Mound (City, town, or county) (State or foreign country) 0

10. Usual occupation At home

Other conditions (include pregnancy within 3 months of death) 938

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business ✓

12. Name Jefferson Stagner

13. Birthplace Kentucky (City, town, or county) (State or foreign country) 1

14. Maiden name Hannah Sherrill

15. Birthplace Kentucky (City, town, or county) (State or foreign country) ✓

16. (a) Informant Paul Wade

(b) Address Dawn mo

17. (a) Burial (b) Date thereof 6-10-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Cemetery

18. (a) Signature of funeral director James D Gordon

(b) Address Chillicothe Mo

19. (a) June 9, 1942 (b) Mary E. Griffiths (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) (e) Means of injury _____

23. Signature P.A. Brennan (M. D. co-signer) ✓

Address Chillicothe mo Date signed _____

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

59
0
0

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 *James D Gordon*

Licensed Embalmer No. *1270*

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.