S. No. 2
-11-10-39
5-17-39
I X21492

9

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

FILED NOV 20 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35877

Registration District No. 583 Primary Registration District No. 6787 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Monroe

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

(c) Name of hospital or institution: Stoutsville Mo. R7D 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 76 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

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

(d) Street No. Jefferson Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Cynthia Ann Dooley

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

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

6. (b) Name of husband or wife Christopher Dooley 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased December (Month) 24 (Day) 1863 (Year)

8. AGE: Years 76 Months 9 Days 22 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business —

FATHER
12. Name William Woodson
13. Birthplace Cumblin County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Cynthia Thompson
15. Birthplace Cumblin County (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Lloyd E. Dooley
(b) Address Stoutsville Mo. R7D 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 18 (Day) 1940 (Year)
(c) Place: burial or cremation Stoutsville Cemetery

18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City Mo.

19. (a) Oct 18 1940 (Date received local registrar) (b) R. P. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1940 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from October 16, 1940, to Oct 16, 1940
that I last saw her alive on Oct 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration about 6 hours

Due to Valvular heart disease & General — About 3 years

Due to Vascular degeneration

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

Major findings: Of operations — 92 W

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? 515 — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature W. D. Pepper (M. D. or other) MD
Address Monroe City Date signed 6/17/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-40-2040
Date Filed NOV 8 1940

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, ~~only~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed W. H. Wilson

Licensed Embalmer No. 272

P. O. Address Monroe City Mo

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

If this body is not embalmed, above space should be left blank.