

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39160**

Registration District No. **516**

Primary Registration District No. **4574**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **McDonnell**
(b) City or town **Anderson**
(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 **2**
(Specify whether years, months or days)

8. (a) PRINT FULL NAME **Bruce Marion Woodworth**

3. (b) If veteran, name war **740** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 18 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 7 10 hr. min.

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

10. Usual occupation **None**

11. Industry or business **None**

12. Name **Bruce Marion Woodworth**

18. Birthplace **Garnett Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ellen Barnett**

15. Birthplace **Mountain View Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mary Woodworth**

(b) Address **Anderson, Mo.**

17. (a) **Burial** (b) Date thereof **10-28-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lansing MO**

18. (a) Signature of funeral director **M. H. Snow**
(b) Address **Anderson, Mo.**

19. (a) _____ (b) **Mrs Lee Harker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **McDonnell**
(c) City or town **Anderson**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **28th**
year **1940** hour **11:30 PM** minute **P.M.**

21. I hereby certify that I attended the deceased from **March 18th**
1940, 19 _____, to **October 28th**, 19 _____;
that I last saw him alive on **10/28/40**, 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hydrocephalus**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **no operation**

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?
4603 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **L. B. Bush** (M. D. or other) **S.D.**

Address **Anderson, Missouri** Date signed **10/29/40**

Duration
Physician
Underline the cause to which death should be charged statistically.

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

DEC 11 1940

RECEIVED

District Health Officer No. 6,

District File Number 1140-2943⁶

Date Filed DEC 5 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.