

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 5-5

1. PLACE OF DEATH:

(a) County Barton  
 (b) City or town Lamar  
(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 3 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hugh Gibson Woolridge

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

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

7. Birth date of deceased July 18th, 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 26  
If less than one day hr. min.

9. Birthplace Greenfield, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Joseph Woolridge

13. Birthplace Johnson Co., MO.  
(City, town, or county) (State or foreign country)

14. Maiden name Alice

15. Birthplace Henry Co., MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alice Woolridge

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 12-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO.

19. (a) Dec 18-1940 (b) Mrs Josephine Myers  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
 (c) City or town Lamar  
(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 December day 14th  
 year 1940 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 3  
 1940 Dec - 14, 1940  
 that I last saw him alive on Dec - 14, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke to cause infarction!  
starting in left hand!

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 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?  
41)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_

23. Signature C. E. Ducey (M. D. or other) MA.  
 Address Lamar, MO. Date signed 12/16/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 141-52

Date Filed JAN 8 1941 JAN 8 1941

36

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 A. W. P. Pinner

Licensed Embalmer No. 3141

P. O. Address Lamar, Mo.

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41749

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 40

Primary Registration District No. 4024

Registrar's No.

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

ROWENA MOORE

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Hugh Gibson Woolridge

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced ow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

20. DATE OF DEATH: Month Dec day 14 year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus infection, starting in left hand

Due to Injury to left hand while doing farm work. (Bruised hand)

Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings: Of operations 194A Of autopsy 3

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 A. C. E. Ducket (M. D. or other) MA  
Address Lamar Mo Date signed 2/10/41

SUPPLEMENTARY

Physician Durgdon

Underline the cause to which death should be charged statistically.

S-41749 1940