

17-39
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REG JAN 25 1941 710

Registration District No. 710

Primary Registration District No. 5939

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
 (b) City, or town, or place Pleasant Hope (Mooney) Rural
(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 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
 (c) City or town Pleasant Hope
(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.

3. (a) PRINT FULL NAME Wendell Woodmansee

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 31, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 0 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Hope Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Ray Woodmansee

13. Birthplace Knox County Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Stephens

15. Birthplace Trego County Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Woodmansee
 (b) Address Pleasant Hope, Mo.

17. (a) Burial (b) Date thereof Dec 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Willard R. Ewing
 (b) Address Pleasant Hope, Missouri

19. (a) Dec 2-40 (b) E. Estelle Benton
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
 year 1940 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Nov. 30, 1940, to Nov. 30, 1940;
 that I last saw him alive on Nov. 30, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death the pneumoniae ferest of lungs

Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration
 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?
638
(Specify type of place) (e) Means of injury _____
 23. Signature W. E. Albright (M. D. or other)
 Address Pleasant Hope, Mo. Date signed _____

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

1072

RECEIVED

District Health Officer No. 7,

District File Number 1-41-7

Date Filed 1-2-41

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.

Registration District No. 710

Primary Registration District No. 5939

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Maconey T.P.
(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

Wendell Woodmansee

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 ch

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 Months Days If less than one day
30 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 (City, town, or county) (State or foreign country)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 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 Pneumonia from
of lungs

Due to Lobar pneumonia of
Right Lung due
to Flu

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

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? _____

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

23. Signature W.E. Allright (M. D. or other MD)
Address Pleasant Hope Date signed 2/20

SUPPLEMENTAL

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

MOTHER FATHER

S-43573