

Registration District No. 437

Primary Registration District No. 5594

Registrar's No. ....

1. PLACE OF DEATH: Johnson  
 (a) County Johnson  
 (b) City or town Holden - Rural - Rose Hill  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days

3. (a) PRINT FULL NAME Mary Francis Woodridge  
 (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Robt. A. Woodridge 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug. 19 1851  
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at Home

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

12. Name Edward M. Clement

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

14. Maiden name Mary A. Hyatt

15. Birthplace N. C. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant W. R. Woodridge

(b) Address 2216 - E. 24th Tulsa Okla

17. (a) Burial (b) Date thereof Mar 30 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Fork Cemetery

18. (a) Signature of funeral director W. R. Woodridge

(b) Address Holden Mo

19. (a) Mar 30 (b) Anna Coleman  
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 51  
 (a) State Missouri (b) County Johnson  
 (c) City or town Holden Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4 Miles S. E. of Holden  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28  
 year 1941 hour 12:00 minute 1007 M.

21. I hereby certify that I attended the deceased from May 4, 1936, to March 28, 1941; that I last saw her alive on March 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_  
A2A

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

Other conditions Arteriosclerosis & Bronchial Asthma  
(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? \_\_\_\_\_

392 (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Kelly Paulson (M. D. or other) D

Address Holden Mo Date signed 3/29/41

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-23-41

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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 M Goodman

Licensed Embalmer No. 2424

P. O. Address Holden Ma

**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.**