No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1942

Registration District No. 5

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5684

State File No. 18410

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Dawn (Blue Mound Twp) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dawn Mo (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: — (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Livingston
(c) City or town: Dawn (If outside city or town limits, write "RURAL")
(d) Street No.: Dawn Mo (If rural, give location)
(e) Citizen of foreign country? — (~~Yes or~~ No)
If yes, name country: —

3. (a) PRINT FULL NAME: Rannie Wooden
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: Widow
6. (b) Name of husband or wife: James M Wooden
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: May (Month) 18 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
82	0	20	— hr. — min.

9. Birthplace: Blue Mound (City, town, or county) 0 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business: —
FATHER 12. Name: Jefferson Stagner
FATHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Nancy Shrewsberry
MOTHER 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Pearl Wooden
(b) Address: Dawn Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Cypress Cemetery
18. (a) Signature of funeral director: James D Gordon
(b) Address: Chillicothe Mo
19. (a) June 9, 1942 (Date received local registrar) (b) Mary E. Griffiths (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1942 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from May 2 1942 to June 8 1942 that I last saw her alive on June 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart decompensation	Days
Due to: Chronic Appendicitis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93	
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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: P. J. Bressman (M. D. ~~or other~~)
Address: Chillicothe Mo Date signed: 6/9/42

(Licensed Embalmer's Statement on Reverse Side)

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 James D Gordon

Licensed Embalmer No. 1270

P. O. Address Chillicothe MO

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, fact should be so stated above.