33798

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 132 Primary Registration District No. 5472 Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Rural- Harrison
(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 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Grundy
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North West of Trenton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thomas E. Wooderson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jemima Wooderson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May (Month) 12 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
67	3	19	hr. min.

9. Birthplace Harrison Co (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name David Wooderson
13. Birthplace Harrison Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Martha Montgomery
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature Helen O. Wooderson
(b) Address Trenton, Mo. 1817 E. 10th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sharon
18. (a) Signature of funeral director Martin Funeral Home
(b) Address Princeton, Mo.
19. (a) Oct - 5-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31st year 1942 hour minute 9 A M.
21. I hereby certify that I attended the deceased from July 15th, 1942 to Aug 31st, 1942; that I last saw him alive on Aug 30th, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Thrombosis	Arrived Records
Due to Do not Know	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
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 Oliver H. Duffy (M. D. or other) M.D.
Address Trenton, Mo. Date signed Sept 1st 1942

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 H. Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton 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, above space should be left blank.