S. No. 2
M—8-43
7. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42344

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 266

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Leadington Ono
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution: St Francis
(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 1 yr.

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

3. (a) PRINT FULL NAME Nancy Louisa Woolredge
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo. Woolridge
6. (c) Age of husband or wife if alive or dead
7. Birth date of deceased Jan 19th 1858 (Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Hickman (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Berry Russell
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Dougher
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant M. E. Woolridge
(b) Address Leadington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bedgurchville Mo
18. (a) Signature of funeral director Caldwell Bros
(b) Address Flat River Mo
19. (a) 12-28-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1945 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1944 to Nov. 23, 1945 that I last saw her alive on Nov. 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bowels-Sigmoid & Rectum — Duration 3 yrs.
Due to Epithelioma of Forehead — 3 yrs.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations No
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 Geo. R. Watkins (M. D.)
Address Farmington Mo Date signed 11-24-45

1397 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-1577

Date Filed 1-9-46

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 Geo R. Coldwell

Licensed Embalmer No. 2531

P. O. Address Flat River 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.