

43
39
36671

FILED DEC 26 1946
Registration District No. 23

Primary Registration District No. 4386

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(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 65 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Thayer 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Wooldridge

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 Married

6. (b) Name of husband or wife Tindrell Wooldridge

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Dec. 13 1965
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 12 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Ben Vaughn

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

14. Maiden name Delphia Simpson

15. Birthplace Oregon County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Tindrell Wooldridge

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem

18. (a) Signature of funeral director Roland Carter

(b) Address Thayer, Mo.

19. (a) 12-7-46 (b) Edith Brass
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1946 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1946 to Nov 25 1946
that I last saw him alive on Nov 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Stomach & Colon

Due to Similarity

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 46 B

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 [Signature] (M. D. or other) MD

Address Thayer, Mo. Date signed 12-6-46

368

RECEIVED

District Health Officer No. 5,

District File Number 24685

Date Filed 12-24-46

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.....

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, fact should be so stated above.