

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28515

Registration District No. 254 Primary Registration District No. 4386 Registrar's No.

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 22 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon 7.5
(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)
If yes, name country.

3. (a) PRINT FULL NAME W. B. Wooldridge
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 Lillian Jones Wooldridge
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April 12 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	2	6	hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Retired School Janitor

MOTHER FATHER
11. Industry or business
12. Name Pink Wooldridge
13. Birthplace Arkansas (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Highfill
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Leslie L. Wooldridge
(b) Address Thayer, Mo.
17. (a) Burial (b) Date thereof 6/20/47 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thayer Cem.
18. (a) Signature of funeral director Pearl Carter
(b) Address Thayer, Mo.
(a) Aug. 6, 1947 (b) Edith Brass (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18 year 1947 hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from June 14-47 to June 18, 1947
that I last saw him alive on June 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 4 days
Duration

Due to
Due to
Other conditions: Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings: 83A
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: J. A. Barnes (M. D. or other) Date signed July 2, 1947
Address: Thayer, Mo. Barnes

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

RECEIVED

District Health Officer No. 5,

District File No. 847468

Date Filed 8-30-47

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.