No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 3 1948

Registration District No. 24

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4209

State File No. 4622

Registrar's No.

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Mt Moriah
(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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Mt Moriah 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM JENNINGS WOODERSON
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: MALE 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Ama Wooderson
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: September (Month) 13 (Day) 1875 (Year)

8. AGE: Years 72 | Months 4 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace: Harrison (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Farmer
11. Industry or business:
12. Name (FATHER): JAMES ALLEN WOODERSON
13. Birthplace: Harrison (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name (MOTHER): MARY CATHERINE STOTTS
15. Birthplace: Harrison (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Mrs Ama Wooderson
(b) Address: Mt Moriah Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Sharron Cemetery
18. (a) Signature of funeral director: E. J. Stoklasa
(b) Address: Cainsville, Mo.
19. (a) Feb. 28-48 (Date received local registrar) (b) S. Pha Shaw (Registrar's signature) 117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 20th year: 1948 hour: 8 a.m. minute: M.
21. I hereby certify that I attended the deceased from January 14, 1948, to Jan. 20th 1948 that I last saw him alive on Jan. 20th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to:
Due to:
Other conditions: Arteriosclerosis — 5 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN: Underline the cause of 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) 0
While at work?
(e) Means of injury

23. Signature: C. J. Sellers (M. D. or other)
Address: Mt Moriah Mo Date signed: 2/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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~~ Eddie J. Stoklasa Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.