

FILED FEB 16 1940

Registration District No. 14 390Primary Registration District No. 3023Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
318 W. Market
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John Viles Woolsey

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race Wk 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Minnie May Shepherd Woolsey 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JAN 26 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Warrensburg Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Stephen S. Woolsey

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

14. Maiden name Elizabeth Viles

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James A. Woolsey16. (b) Address 318 W. Market Warrensburg Mo.17. (a) Burial (b) Date thereof JAN 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)17. (c) Place: burial or cremation Sweet Hill18. (a) Signature of funeral director W. F. Wilcox18. (b) Address Warrensburg Mo. 31119. (a) Jan 22-1940 Eva G. Gentry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")

(d) Street No. 318 W. Market
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22
year 1940 hour 4 minute A. M.21. I hereby certify that I attended the deceased from 5:00
July 1939 to 1-22 1940
that I last saw him alive on 1-20 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Rectum Duration 1 yr.Due to _____
Due to 4-19Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Rectum

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 P. Lee Cooper (M. D. or other) _____
Address Warrensburg Mo Date signed 1-22-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed
07/15/40

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.....
Frank E. Lupin

Licensed Embalmer No..... 9053

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2801
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township Warrensburg Primary Registration District No. 3023 Registered No. _____
(c) City Warrensburg (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Viles Woolsey St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED March 25/1940 Eva Gentz Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1. 22. 1940

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__

I last saw h. alive on 19__ Death is said to have occurred on the date stated above, at __m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19__

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) R. Lee Cooper, M. D.

(Address) Warrensburg

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

