

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11994

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1318 S Harrison
(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

8. (a) PRINT FULL NAME Richard Allen Woolery
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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 27- 1940
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Claude Woolery
13. Birthplace Ottumwa Mo
(City, town, or county) (State or foreign country)
14. Maiden name Beith Sampson
15. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Woolery
(b) Address Sedalia

17. (a) Burial (b) Date thereof 3-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia

19. (a) 3-28-40 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1318 S Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1940 hour 3 minute 30P M.

21. I hereby certify that I attended the deceased from Birth
3-27 1940 to 3-27 1940
that I last saw him alive on 3-27 1940
and that death occurred on the date and hour stated above.
Immediate cause of death transition Duration hr.

Due to Premature birth

Due to Unknown Cause

Other conditions (Include pregnancy within 3 months of death) 154

Major findings: 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? 916
While at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature W. J. Bush (M. D. or other) ✓
Address Sedalia Date signed 3-28-40

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

80
4
4

RECEIVED
District Health Officer No. 8,
District File Number
44-11-40
Date Filed

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.....

PE Baker

Licensed Embalmer No.....

2419

P. O. Address.....

Sedalia

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.