

Registration District No. 26

Primary Registration District No. 3002

Registrar's No.

113

1. PLACE OF DEATH:

(a) County Anderson Co.
(b) City or town Mexico Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 2 years, months or days

3. (a) PRINT FULL NAME Fanny Wooler Ry.
(b) If veteran, name war _____ (c) Social Security No. none

4. Sex Female 5. Color or race Black
6. (b) Name of husband or wife Sam. Woolery 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 5th, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
12. Name Christopher Johnson
13. Birthplace Virgiana
(City, town, or county) (State or foreign country)
14. Maiden name Elna Fannie
15. Birthplace D. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thurston White
(b) Address Mexico Mo.
17. (a) Burial (b) Date thereof 8-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mexico Mo.

18. (a) Signature of funeral director Mrs. Phyllis
(b) Address Mexico Mo.
19. (a) Aug 30 1940 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1940 hour 10 minute 28 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONER'S CASE Duration _____

Due to lung struck by train

Due to _____

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

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) Accident
(b) Date of occurrence Aug. 29 - 1940
(c) Where did injury occur? Mexico Anderson Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
T.P. Crossing

While at work? no (Specify type of place) (e) Means of Injury _____

23. Signature Blanche Keely (M.D. or other) Coroner
Address Anderson Co. Date signed 8/31-40

1 X1931

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.

SEP 13 1940

207m

[Faint handwritten notes]

[Faint handwritten notes]

RECEIVED

District Health Officer No. 10

District File Number 9-40-175-0

Date Filed SEP 10 1940

STATEMENT BY LICENSED EMBALMER

[Signature]

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

Ray M. Phelan

Licensed Embalmer No. 1133

P. O. Address Mexico 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27842**
Registrar's No. **113**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **26**

Primary Registration District No. **3002**

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

1. PLACE OF DEATH:

(a) County **Anderson**
(b) City or town **Waverly**
(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 _____
years, months or days)

3. (a) PRINT FULL NAME

Fanny Woolery

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **F**

5. Color **Black**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years **74** Months **11** Days **24**
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **8/31/40** (b) **Blanche Keely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

DEATH CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **29**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coroner's case.**

Being struck by train

Due to **while walking across R. R. tracks**

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

Major findings: Of operations _____

Of autopsy _____

Duration

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) **acc**

(b) Date of occurrence **Aug 29 1940**

(c) Where did injury occur **Waverly Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

R. R. Crossing
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **W. M. Marlow** (M. D. or other) **Coroner**

Address **Waverly Mo** Date signed **10/7/40**

SUPPLEMENTARY

11/18/1917

11/18/1917