

FIFTEEN JAN 20 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43166  
State File No.

Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 340

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:  
Levering Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hours  
(Specify whether  day  night)

In this community 1  
years, months or days

3. (a) PRINT FULL NAME Frank Clay Woollen

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-07-6999

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ida Turner Woollen

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 22 1877  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>63</u> | <u>4</u> | <u>12</u> | hr. min.             |

9. Birthplace Adams County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Worker Shale Mine

11. Industry or business Universal Atlas

12. Name Henry C. Woollen

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

14. Maiden name Evaletta Hulse

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

16. (a) Informant Louise Woollen

(b) Address R.R. # 2 Monroe City Missouri

17. (a) Burial (b) Date thereof 12/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet Cemetery

18. (a) Signature of funeral director Carroll Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) Dec 5-1940 (b) H. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 820 Lindell  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3  
year 1940 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec 3rd  
\_\_\_\_\_, 1940, to \_\_\_\_\_, 1940;  
that I last saw him alive on Dec 3  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to SAH

Other conditions SAH  
(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) \_\_\_\_\_

(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? 440

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Harold L. Spurr (M. D. or other) \_\_\_\_\_

Address 100 N 6th St City Date signed 12/4/40

**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.....

*James A. Moles*

Licensed Embalmer No..... 3296.....

P. O. Address Hannibal Missouri

**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.**