

No. 2
4-13-40
5-17-39
I X23159

State File No.

MAR 19 1941
Registration District No. 91

Primary Registration District No. 4298

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community LIFE
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN 57

(c) City or town TRAY 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CYNTHIA BRAGG WOOLFOLK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 13
year 1941 hour 6:00 minute 25 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased MAY 24 1864
(Month) (Day) (Year)

that I last saw her alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death

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

76 8 29 .hr. _____ min.

Duration

(1) Cerebral Apoplexy 2 HRS 10

Due to (1) Senility (2) Arteriosclerosis 12 W

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

10. Usual occupation HOUSEWIFE

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Shapleigh R. Woolfolk

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

14. Maiden name JESAN C. BRAGG

15. Birthplace LINCOLN Co. Mo
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

17. (a) BUXIAL (b) Date thereof FEB 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEM TRAY MO

18. (a) Signature of funeral director Kemp Mumma & Sons Co

(b) Address TRAY MO

19. (a) FEB 14 - 1941 (b) Mrs Pearl Mumma
(Date received local registrar) (Registrar's signature)

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? 444

(Specify type of place) _____ (e) Means of injury _____

Signature J. J. J. J. J. (M. D. or other) P. J.

Address TRAY MO Date signed 4/13/41

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

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 *Joseph J. Marsh*
Licensed Embalmer No. *3932*

P. O. Address *Tray 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.