

No. 2
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FILED JUN 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18290

Registration District No. 470

Primary Registration District No. 5640

Registrar's No. 81

I. PLACE OF DEATH

(a) County Lawrence
(b) City or town Aurora, Mo. Rural.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Woman's Club
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years.
years, months or days

8. (a) PRINT FULL NAME Milford Woolsey
8. (b) If veteran, name war no
8. (c) Social Security No. no

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Mollie Woolsey
6. (c) Age of husband or wife if alive, _____ years
7. Birth date of deceased May 4, 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Milford Woolsey
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Anna Smith
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Milford Woolsey
(b) Address W. 2nd St., Kansas

17. (a) Burial (b) Date thereof May 27, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Craig Cemetery

18. (a) Signature of funeral director Wallace Frank Jones
(b) Address Belling, Mo.

19. (a) 5-26-1941 (b) P.A. Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence 55
(c) City or town Aurora, Mo. Rural 0
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1941 hour 17 minute _____ P.M.
21. I hereby certify that I attended the deceased from March 3, 1941, to May 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Due to Ca Metastases to Liver from
Due to Ca head of Pancreas
Duration Unknown

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

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN 410 J
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? _____

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

23. Signature Kenneth Glover MD (M. D. or other) _____
Address W. 2nd St., Kansas Date signed 5/26/41

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

RECEIVED

District Health Officer No. 6,
District File Number 641-873
Date Filed JUN 6 1941

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

Arthur J. Jopis

Licensed Embalmer No. 3649

P. O. Address Billings, 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.