

JUL 9 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22396

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 210

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: 1631 E. 8th St
(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 NAMEMinnie A. Woolery

3. (b) If veteran,

3. (c) Social Security

name war

No.

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Woolery 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 22 - 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 1 hr. min

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

10. Usual occupation at home

11. Industry or business

- MOTHER FATHER { 12. Name William Straub
13. Birthplace KY
(City, town, or county) (State or foreign country)
14. Maiden name Chapman
15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Nelen Jessie
(b) Address Sedalia

17. (a) Burial (b) Date thereof 6-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director W. C. Laughlin Bur
(b) Address Sedalia

19. (a) 6/27/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1631 E 8th 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from June 23 1941 to June 23 1941;
that I last saw him alive on June 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
due to arteriosclerosis
of the heart Duration

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions none

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy negative

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) none

(b) Date of occurrence June 23, 1941

(c) Where did injury occur? at home (City or town) (County) (State)

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

(Specify type of place) While at work? no (e) Means of injury none

23. Signature W. C. Laughlin (M. D. or other)

Address Sedalia Date signed 6-27-41

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-7-41

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 Robert H. Reed
Licensed Embalmer No. 3746
P. O. Address Sealain 7

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.