

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

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35573  
Registrar's No. 12

FILED NOV 10 1941  
953  
Registration District No. 953

Primary Registration District No. 5797-B

1. PLACE OF DEATH:  
(a) County Morgan  
(b) City or town Stewart Millbrook  
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Morgan  
(c) City or town Stewart

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

In this community \_\_\_\_\_ years, months or days  
8. (a) PRINT FULL NAME Rowen Samuel Woolley  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 27  
year 1941 hour about 8:00 minute clock A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Goldie McCray  
6. (c) Age of husband or wife if ally 50  
7. Birth date of deceased Oct 9 1886  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Shot gun wounds inflicted by his own hand Duration \_\_\_\_\_

8. AGE: Years 56 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) 164c

10. Usual occupation Farmer

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John C. Woolley  
13. Birthplace Atterville Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah M. Chandler  
15. Birthplace Stewart Mo.  
(City, town, or county) (State or foreign country)

Of autopsy Coroners Jury  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rowen Woolley  
(b) Address Stewart, Missouri

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence 10-23-41

17. (a) Removal (b) Date thereof Oct. 29-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? Mo. None

(c) Signature of funeral director Ralph E. Sturmon  
(b) Address Stewart, Mo.

While at work? none (Specify type of place) (e) Means of injury None

19. (a) Oct 28-41 (b) Jules H. Cooper  
(Date received local registrar) (Registrar's signature)

23. Signature L. E. Bychman (M. D. or other) Coroner  
Address Versailles Mo Date signed Oct 27, 1941

JAN 13 1943

RECEIVED

District Health Officer No. 7

District File Number 11-41-1813

Date Filed 11-6-41

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

*Carl Papp*

.....  
Licensed Embalmer No. 3458

P. O. Address

*Stover, 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.