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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 23 1943

Registration District No. 17

Primary Registration District No. 5027

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Rural Colfax  
(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 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Rural-Tarkio-Mo  
(If outside city or town limits, write "RURAL")  
Near Tarkio, Missouri  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Hub Woolsey

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar

6. (b) Name of husband or wife Ann Gaffney 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Nov 23 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 -- 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Jno Woolsey

MOTHER FATHER { 12. Name Tarkio Mo  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Rachel Mc.Kee  
15. Birthplace Tarkio Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hub Woolsey

(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof Nov 30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) Dec 4 1943 (b) Dr. H. J. Cummings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27th  
year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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

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

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Westboro, Mo (M.D. or other) Nov  
Address \_\_\_\_\_ Date signed Nov

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

1329

27-1943

**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.....

*J. M. Davis*

.....  
Licensed Embalmer No. 2394

P. O. Address..... Tarkio, 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.**