

Registration District No. **275** Primary Registration District No. _____ Registrar's No. **17**

1. PLACE OF DEATH: **Phelps**
 (a) County **Phelps**
 (b) City or town **Vida, Sevier Co.**
 (c) Name of hospital or institution: **Phelps**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **72H 9M** (Specify whether)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **Phelps**
 (c) City or town **Vida** (If outside city or town limits, write "RURAL")
 (d) Street No. **None** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **George Washington Woolsey**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **25**
 year **1943** hour **9** minute **00** P.M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of ~~husband~~ wife **Emma Hargis Woolsey** 6. (c) Age of husband or wife if alive **67** years
 7. Birth date of deceased **March 8 1871**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1943 to Dec 25 1943**
 that I last saw her alive on **Dec 20 1943**
 and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **9** Days **17** If less than one day _____ hr. _____ min.

Immediate cause of death **apoplexy**
 Due to **chronic nephritis**
 Due to _____

9. Birthplace **Phelps Co. MO**
 (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations **131 f**
 Of autopsy _____

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **James P. Woolsey**

13. Birthplace **unknown KY. 1**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Turner**

15. Birthplace **unknown North Carol**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Georg Woolsey**

(b) Address **Vida, Mo.**

17. (a) **BURIAL** (b) Date thereof **12-27-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Beaver Cemetery**

18. (a) Signature of funeral director **Calvin J. Smith**

(b) Address **Rolla Mo**

19. (a) **12/27/43** (b) **J. Allen Wadsworth**
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **R. Brown** (M. D. or other) **Dec 26 1943**
 Address **Newbury Mo.** Date signed

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 Holloway

Licensed Embalmer No. 3643

P. O. Address Cuba 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, fact should be so stated above.