

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11753

State File No.

Registration District No. 274

Primary Registration District No. 5925

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Rural
(c) Name of hospital or institution: County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 3 mo.
In this community 27 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Buena Woolery

3. (b) If veteran.
name war.

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 20 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 10 7 hr. min.

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

10. Usual occupation

11. Industry or business Home at country

12. Name James Lee Woolery

13. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Straub

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

16. (a) Informant Mrs. Walter Jessee

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 3/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill McLaughlin Bros.

18. (a) Signature of funeral director Sedalia, Missouri

(b) Address 2-29-1944 (c) Mrs. Anna Burger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 27 day
year 1944 hour 6 minute 10 M.

21. I hereby certify that I attended the deceased from February 27
that I last saw her alive on February 27
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Duration 2 day

Due to

Due to

Other conditions Pneumonia Acute Lobar
(Include pregnancy within 3 months of death) 2 day

PHYSICIAN

Major findings:
Of operations 108
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

23. Signature W. B. Beckman (M.D. or Other)
Address Sedalia Mo Date signed 3/29/44

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

4-12-44

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.

3745

P. O. Address.....

Seaside 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.