

FILED SEP 9 1944
Registration District No. 373

Primary Registration District No. 4243

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Webster Co
(b) City or town Marshfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community life
years, months or days)

3. (a) PRINT FULL NAME

Mary A. Wolcott

3. (b) If veteran,
name war x

3. (c) Social Security
No. x

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thomas H. Wolcott | 6. (c) Age of husband or wife if alive x years
7. Birth date of deceased October-24-1859
(Month) (Day) (Year)

8. AGE: Years 84 | Months 9 | Days 15 | If less than one day x hr. x min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Roy Wolcott - son 1

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof 8-11-44
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield

18. (a) Signature of funeral director Roy Ramsey

(b) Address Marshfield, Missouri

19. (a) Aug 30 44 (b) Charlotte Bruce
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Webster 11.2
(c) City or town Marshfield Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Marshfield Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1944 hour 9:20 minute A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1944, to Aug 9, 1944
that I last saw him alive on _____, 19____,
and the death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to _____
Due to _____

Other conditions g30
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 W. Schurt (M. D. or other) _____
Address _____ Date signed Aug 30 1944

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

200

RECEIVED

District Health Officer No. 6

District File Number 944-1018

Date Filed

SEP 7 1944

A
APR 23 1947

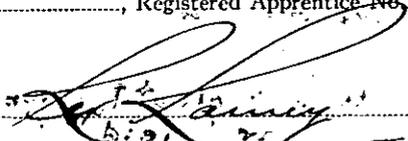
FBI

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



Licensed Embalmer No. 3312

P. O. Address Marshall 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.