. S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5822

FILED FEB 19 1945

Registration District No. 39 Primary Registration District No. 5219 Registrar's No. 20

1. PLACE OF DEATH: Cass
(a) County
(b) City or town: Rural Cass Branch
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi N.E. Harrisonville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME William Edward Woolard
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 Widower
6. (b) Name of husband or wife Mary Woolard
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased July (Month) 23 (Day) 1869 (Year)

8. AGE: Years 75 Months 6 Days 12 If less than one day hr. min.

9. Birthplace Cass Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name William Timsly Woolard
13. Birthplace Dont Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Hannah Austin
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant H A Woolard
(b) Address Harrisonville Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 7 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pitts Chapel Cemetery
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.
19. (a) Feb. 7, 1945 (Date received local registrar) (b) Margaret Volle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1945 hour 4 minute 25 P. M.
21. I hereby certify that I attended the deceased from Feb 1945 to Feb 5, 1945
that I last saw him alive on Feb 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Organic Heart Disease

Due to

Due to

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

Major findings:
Of operations 95 C
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. U. Scott (M. D. or other)
Address Harrisonville Mo Date signed 2-6-45

1047 Dr. Scott

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest Rumsinburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.