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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1945

Registration District No. 351

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10824

Primary Registration District No. 4520

Registrar's No.

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

07
0
0

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Summersville
(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 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

(c) City or town Summersville 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Katie Woolfolk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 1862 (Month) (Day) (Year)
approximate 1857

8. AGE:	Years	Months	Days	If less than one day
	82	10		hr. min.

9. Birthplace Lacon (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Edward Murray
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Charles Woolfolk
(b) Address Bule Mont.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 26 45 (Month) (Day) (Year)
(c) Place: burial or cremation Summersville Mo

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Cabool Mo

19. (a) March 11 45 (Date received local registrar) (b) Mrs Carl Kelley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 22
year 1945 2 hour minute P. M.

21. I hereby certify that I attended the deceased from Jan 29, 1945 to Feb 1, 1945
that I last saw her alive on Feb 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 2

23. Signature Lavere Hampton (M.D. or other) DO

Address Summersville Date signed Feb 25

1347

(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 Gaylord V Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool 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.