

FILED MAY 13 1946

State File No. _____

Registration District No. 273

Primary Registration District No. 6269

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural - Ozark Township
(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 x
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Roy Wolcott

3. (b) If veteran, name war x 3. (c) Social Security No. x

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Jane Wolcott 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 1 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 4 If less than one day x hr. x min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER
12. Name Thomas Wolcott
13. Birthplace Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sprague
15. Birthplace Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Wolcott (daughter)

(b) Address Marshfield, Mo.

17. (a) Burial (b) Date thereof 4-7-46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Marshfield, Mo.

18. (a) Signature of funeral director Tex Jolley

(b) Address Marshfield, Missouri

19. (a) 4/12/46 (b) J. J. McInnis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1946 hour 9 minute A M.

21. I hereby certify that I attended the deceased from April 5 1946 to April 5 1946
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

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) _____ (c) Means of injury _____

23. Signature W. F. Schmitt (M. D. or other) 4/11/46

Address Marshfield Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 22 1947

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 Marshfield, 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.