

FILED JUN 7 1946

Registration District No. 65

Primary Registration District No. 5249

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural - Bowling Green Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 mile South of Dalton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Arbiters Hill years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Annie Lee Doosey

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12
year 1946 hour 7 minute _____ P. M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced W 21

6. (b) Name of husband or wife Wm F Wooley

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

7. Birth date of deceased: Sept 12 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1946 to May 12 1946
that I last saw her alive on May 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Duration Short

8. AGE: Years 70 Months 8 Days 0
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: of 3rd

Of autopsy _____

Duration
Short
known

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Frank W Runkard

13. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ray

15. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alex Magnet

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 5 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Varner Cemetery

18. (a) Signature of funeral director Geo Bellink Reimyer

(b) Address Salisbury Mo

19. (a) 5-17-46 (b) W. H. Boone
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature Carl E. Heger (M. D. or other) MD

Address Keptwell, Mo Date signed 5/14/46

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-5-46

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..... *Chas B Winkelmayer*
Licensed Embalmer No. 3842
P. O. Address Salisbury, 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.