. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27890

FILED SEP 11 1946

State File No.

Registration District No. 247 Primary Registration District No. 5839 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Newton Co. Mo.

(b) City or town Granby Mo. (Rural) (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 32 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho Mo. Rt 5 (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 DAISY ORPHA WOOLARD

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harve Woolard

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March (Month) 27 (Day) 1889 (Year)

8. AGE: Years 57 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Tom Owens
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Harve Woolard

(b) Address Neosho Mo. Rt 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director The Bigham Mortuary

(b) Address Neosho Missouri

19. (a) Aug 26 1946 (Date received local registrar) (b) M. L. Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17 year 1946 hour 4 30 minute A. M.

21. I hereby certify that I attended the deceased from On Aug. 16, 1946, to , 19 ; that I last saw her alive on Aug 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of the liver	6 Mo.
Due to	
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles O. Chester (M. D. or other) D.O.

Address Granby, Mo. Date signed 8-24-46

225 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District Number 946-133

Date Filed 9-10-46

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 Warren K. Lamnah

Licensed Embalmer No. 4400

P. O. Address Neosho, 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.