

2-43
17-39
X35627

FILED SEP 10 1946

Registration District No. **291**

Primary Registration District No. **4433**

Registrar's No. **59**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Unionville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Monroe Hospital & Clinic** **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution**
5 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Putnam** **86**
(c) City or town **Rural** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Livonia, Mo.** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **George Lee Woollever**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**

6. (b) Name of husband or wife **Vera Woollever** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **October 30, 1904**
(Month) (Day) (Year)

8. AGE: Years **41** Months **9** Days **24** If less than one day hr. min.

9. Birthplace **Putnam Co. Mo.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Alva Woollever**

13. Birthplace **Putnam C. Mo.** (City, town, or county) (State or foreign country) **0**

14. Maiden name **Pet Shipley**

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

16. (a) Informant **Vera Woollever**

(b) Address **Livonia, Mo.**

17. (a) **B.** (Burial, cremation, or removal) (b) Date thereof **8-27-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Shipley Cem**

18. (a) Signature of funeral director **Marshall Durbin**

(b) Address **Unionville, Mo.**

19. (a) **8-29-46** (Date received local registrar) (b) **Marshall Durbin** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24** year **1946** hour **7:05** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Aug 24** to **Aug 24** 19**46** that I last saw him alive on **Aug 24** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Concussion** Duration **3 1/2 days**

Due to **fell from tractor and struck head of pavement**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **86**

(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) (e) Means of injury **2**

23. Signature **L. W. McDonald** (M. D. or other) **Dr**
Address **Livonia, Mo.** Date signed **8-27-46**

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

28055

264

RECEIVED
District Health Officer No. 1
District File Number 9-46-163
Date Filed SEP 7 1946

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.....

Kenneth M. Stevens

Registered Apprentice No. *418*

working under my personal supervision.

Signed.....

F. O. Husted

Licensed Embalmer No. *2975*

P. O. Address.....

Unionville N.C.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept 59
Registrar's No. 59

Registration District No. 291 Primary Registration District No. 4433

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(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
3. (a) PRINT FULL NAME George L. Wadewer
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 30 (Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 1 If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month _____ Day _____ Year 1946 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
175A-5
3

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident ✓
(b) Date of occurrence Aug. 20, 1946 L
(c) Where did injury occur? Unionville - Putnam mo
(City or town) (County) (State)
on highway no. 7.
(Specify type of place)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? Yes (e) Means of injury Self contractor
23. Signature L. W. McDonald (M. D. or other) DO!
Address Unionville, Mo. Date signed 9-3-46

SUPPLEMENTARY

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

26874

28055