

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5729

State File No.

FILED FEB 27 1947
Registration District No.

Primary Registration District No. 5945

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural Dillion, Twp. 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Dillion Twp. 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Tabitha Ellen Woolsey

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, widowed
6. (b) Name of husband or wife Charles Woolsey 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 22, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 6 5 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Burrel Burris
13. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Mathews
15. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ada Woolsey
(b) Address Rolla, Route 1, Missouri

17. (a) Burial (b) Date thereof Jan. 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Holloway
(b) Address Rolla, Missouri

19. (a) Feb-5-1947 (b) Car. C. Birmingham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1947 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from 10-1-46
....., 19....., to 1-27, 1947
that I last saw her alive on 1-27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death.....
cardiac decompensation 3mo.

Due to.....
Due to.....
Other conditions arteriosclerosis
sinusitis
(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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature E. E. Faid (M. D. or other) 0
Address Rolla Mo. Date signed 1-28-47

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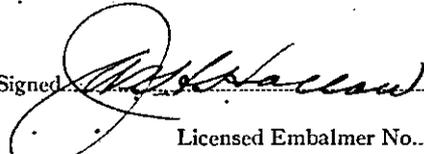
(Licensed Embalmer's Statement on Reverse Side)

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

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..... 3643

P. O. Address..... Rolla, Missouri

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.