

FILED SEP 24 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32052

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 287

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bathwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Infant Woolery

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

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

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

7. Birth date of deceased Aug. 25 1947
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ernie Woolery
13. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Margaret Romig
15. Birthplace Reading Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. O. Romig

(b) Address Atterville, Mo.

17. (a) Burial (b) Date thereof Aug 26 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C. Lister City

18. (a) Signature of funeral director Paul Painter

(b) Address Atterville, Mo.

19. (a) 8-26-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 632 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 25
year 1947 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from 8-25-1947 to 8-25-1947; that I last saw him alive on 8-25-1947; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Congenital Heart Disease

Due to _____

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

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)
(a) Means of injury _____

23. Signature J. M. Rodeman (M. D. or other) MD.
Address Sedalia, Mo. Date signed 8-26-47

RECEIVED

District Health Officer No. 8,-

District File Number _____

Date Filed 9-23-47

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 _____

_____ *myself* _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *R. L. Painter* _____

Licensed Embalmer No. 4069

P. O. Address: Pilot Grove, 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, above space should be left blank.