. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1947

Registration District No. 1-7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38519

Registrar's No. 4953

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 515 Maple Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Maple Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ben H. WOOLERY
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fern Woolery
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March (Month) 19 (Day) 1886 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	8	5	hr. min.

9. Birthplace Amity, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Car Dealer
11. Industry or business Minnesota Ave. Auto Sales

FATHER
12. Name William Woolery
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Marion F. Morton
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Fern Woolery
(b) Address 515 Maple Blvd., K.C., Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Amity, Missouri
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri
19. (a) 11-25-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1947 hour 11 minute 45 A. M.
21. I hereby certify that I attended the deceased from Coroner 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Bronchio-pneumonia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no
History & Inquest

PHYSICIAN
Underline the cause of 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 [illegible] (M. D. or other)
Address [illegible] Date signed 11-24-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1951

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 Ross Porter, Registered Apprentice No. J200, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2977

P. O. Address [illegible]

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.