S. No. 2
1—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 10 1947

Registration District No. 456

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 38695

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nursing 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 27 tears
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 Moffett Ave 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country No

3. (a) PRINT FULL NAME Mary Octave Woolsey

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex fem 1

5. Color or race white

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 2, 1861
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	11	23	hr. min.

9. Birthplace Rocky Comfort Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jesse Harrell
13. Birthplace Rocky Comfort Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Letsey Davidson
15. Birthplace Rocky Comfort Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant S.J. Woolsey
(b) Address St. Louis Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-47
(Month) (Day) (Year)
(c) Place: burial or cremation Fullerton Cem.

18. (a) Signature of funeral director Hurlbut Und. Co
(b) Address Joplin Mo.

19. (a) 11-28-47 (Date received local registrar) (b) Dolores Lampkin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 25, day 1947
year hour 5-30 P.M. minute M.

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

Did not attend

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to: Influenza	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 33 R	
Of autopsy:	

Corrected Investigator

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 A. H. Durfelt (Coroner or other) Ao

Address 1114 Joplin Date signed 11/28/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 10 1947

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.