S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1948

Registration District No. 123

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8471

Primary Registration District No. 5457

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: At the Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community About 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Cave Springs
(If outside city or town limits, write "RURAL")

(d) Street No. nil
(If rural, give location)

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

If yes, name country none

3. (a) PRINT FULL NAME Mrs Altie Wookey

3. (b) If veteran, name war nil

3. (c) Social Security No. none.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Murray A. Wookey

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased October 17th, 1873
(Month) (Day) (Year)

8. AGE: Years 74 | Months 5 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Rochester, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home.

FATHER
12. Name Ephraim Markely
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wycote
15. Birthplace Rochester, Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Data from legal records.
(b) Address dated July 1936, and furnished by Deceased to Greenwade Funeral Home.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar-24 1948 (Month) (Day) (Year)
(c) Place: burial or cremation burial Wesley's Cem

18. (a) Signature of funeral director Greenwade Funeral Home
(b) Address Willard, Missouri

19. (a) 3/23/48 (Date received local registrar) (b) Irene H. Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1948 hour 8.40 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to Mar 21st 1948; that I last saw her alive on Mar 21st 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack

Due to High Blood pressure

Due to Heart trouble for Eight years

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 95c

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature J. H. Barbeau (M. D. or other)

Address Walnut Grove Mo Date signed Mar 22-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 48-3-30
Date Filed 3-31-48

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 Mrs. E. W. Greenwade

Licensed Embalmer No. 2095

P. O. Address Willard, 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.