300
-47
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 31 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

22176
State File No.

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 202

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(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) Life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME "Tobe" Mitchell Woolery
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Essie Mae Woolery
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 14 (Day) 1868 (Year)
8. AGE: Years 79 Months 11 Days 3 If less than one day hr. min.
9. Birthplace Calloway Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business "
MOTHER FATHER
12. Name James Woolery
13. Birthplace D.K. (City, town, or county) Ky (State or foreign country)
14. Maiden name Jane D K
15. Birthplace D K (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mrs Ed Holliway
(b) Address 14 A S 6th St Columbia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 48 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cem
18. (a) Signature of funeral director R Overfelt
(b) Address Columbia
19. (a) 7-19-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th year 1948 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to Believed to be heart disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 15C
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] Coroner (M.D. or other)
Address Columbia Mo Date signed 7/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUL 30 1948

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 [signature]

Licensed Embalmer No. 3183

P. O. Address Columbia, 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.