

No. 300  
-10-47  
5-17-39  
I 3906

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

FILED NOV 23 1948  
Registration District No. 256

Primary Registration District No. 2001

State File No. ....

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:  
Freeman Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether \_\_\_\_\_)

In this community Life Time  
(years, months or days)

3. (a) PRINT FULL NAME Ida May Shuart

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased March 30 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 7 14 hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm. J. Woolsey

13. Birthplace no data Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy N. Conn

15. Birthplace no data Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Bro. Harry Woolsey

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 11/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo.

19. (a) 11-18-48 (b) Edo. James  
(Date received local registrar) (By) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 6  
(If outside city or town limits, write "RURAL")

(d) Street No. Gen. Del. 2  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) ✓

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1948 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from Aug 23  
May 23, 1948, to Nov 14, 1948;  
that I last saw him alive on Nov 13, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to ca of Prostate and Bladder 9 mo.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Orval J. Needles (M. D. or other) MD

Address Webb City Mo Date signed Nov 15 1948

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**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 *Richard Gray Lewis*.....

Licensed Embalmer No. *4405*.....

P. O. Address *Webb City 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.**