WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC OCT 10 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

85

31454
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township or City St. Joseph
(c) Registration District No. 0
Primary Registration District No. 1001
Registered No. 1013
(d) Street No. Missouri Methodist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILBUR LEE WOOLSEY
(a) Residence, No. St. BRECKENRIDGE, MO
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1913

7. AGE: YEARS 27 MONTHS 2 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as saw mill, bank, etc. (No Social Security No)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRECKENRIDGE MISSOURI

FATHER
13. NAME ELMER WOOLSEY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRECKENRIDGE MISSOURI

MOTHER
15. MAIDEN NAME DELLA TREON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRECKENRIDGE MISSOURI

17. INFORMANT Dean Jones
(ADDRESS) Breckenridge Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE BRECKENRIDGE DATE SEPT 14 1940

19. FUNERAL DIRECTOR (NAME) T.F. McPeek
(ADDRESS) Breckenridge MO

20. FILED 9/16/40 19.... [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14 1940

22. I HEREBY CERTIFY, That I attended deceased from 9-14- 1940, to 9-14- 1940
I last saw him alive on 9-14- 1940 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	8-1-40
Rheumatic	

Other contributory causes of importance:
Anaesthesia for tonsillectomy

Name of operation Tonsillectomy Date of 9-14-40
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul Jorgson, M. D.
(Address) St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ to be embalmed by me, or by T. F. McPeek, Registered Apprentice No. ..... working under my personal supervision.

Signed T. F. McPeek

Licensed Embalmer No. 1370

P. O. Address Breckenridge, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.