

Registration District No. **431**

Primary Registration District No. **5591**

Registrar's No. **139**

51
6
2

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

REC'D DEC 11 1940

1. PLACE OF DEATH:

(a) County **Johnson**

(b) City or town **Warrensburg (Rural) Hazel Hill**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution **2**
(Specify whether)

In this community **50 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **Warrensburg - (Rural)**
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Delwitt Clinton Woolery**

3. (c) Social Security No. **none**

3. (b) If veteran, name war _____

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Hattie Woolery**

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

7. Birth date of deceased **Judie - 16 - 1952**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	5	13	hr. _____ min. _____

9. Birthplace **Clinton Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER { 12. Name **James Albert Woolery**

13. Birthplace **Unknown Ky. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy J. J. J.**

15. Birthplace **Unknown Ky. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss George Bartlett**

(b) Address **Warrensburg - Mo.**

17. (a) **Burial** (b) Date thereof **Nov 30 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **J. J. J. J. J.**

(b) Address **Warrensburg - Mo.**

19. (a) **Nov 30 - 40** (b) **B. B. J. J. J.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** - day **29**
year **1940** hour **1:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **11-1-40**
_____ 19____, to _____ 19____;
that I last saw him ^{or} alive on **11-15-** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chr. Myocarditis**

Due to _____

Due to _____

Other conditions **92C**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN **P**
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? **99**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **P. J. J. J. J.** (M. P. or other) **M. P.**

Address **Warrensburg Mo** Date signed **11-29-40**

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-5-40

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 _____

Carl Priest

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Carl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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, above space should be left blank.