

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 106

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

1. PLACE OF DEATH: Callaway

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: State Hosp. # 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution from Aug 29-1941  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Charley F. Woolery

(b) If veteran, name war min

(c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lucas

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

7. Birth date of deceased Cooper Co. May 8 1850  
(Month) (Day) (Year)

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

90 10 28 hr. min.

9. Birthplace Cooper Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Lawrence Woolery

13. Birthplace ? 9  
(City, town, or county) (State or foreign country)

14. Maiden name Betsy Jane ?

15. Birthplace Cooper Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jno F. Woolery

(b) Address Marshall mo 9. D.

17. (a) ? (b) Date thereof April 5-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall mo

18. (a) Signature of funeral director Don Short

(b) Address Marshall mo

19. (a) Apr. 7, 1941 (b) R. N. Cresva.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Saline 14

(c) City or town Marshall 1  
(If outside city or town limits, write "RURAL")

(d) Street No. South Lincoln av 2  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1941 hour 2 45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 12, 1941, to April 6, 1941; that I last saw him alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arterio-sclerotic changes

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

Other conditions Simple Psychosis  
(Include pregnancy within 3 months of death)

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

Of autopsy min

93

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? \_\_\_\_\_

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

23. Signature P. J. Fair (M. D. or other) MD

Address State Hosp. # 1 of Fulton Date signed 4-6-41

**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 *Don Platt*

Licensed Embalmer No. *3575*

P. O. Address. *Marshall, 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.**