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25884

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No.

Registration District No. 254 Primary Registration District No. 4385

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

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Koshkonong
(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 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 25
(a) State Missouri (b) County Oregon
(c) City or town Koshkonong, Mo.
(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..... 0

3. (a) PRINT FULL NAME Ella Victoria Woolford

MEDICAL CERTIFICATION

3. (b) If veteran, name war -- 3. (c) Social Security No. --

20. DATE OF DEATH: Month June day 30 year 1943 hour 12 minute 20 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife William D. Woolford 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Dec. 24 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1st 1943 to June 30 1943 that I last saw her alive on June 30 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 6 6 hr. min.

Immediate cause of death Myocardial Failure
Myocardial Heart Disease
Anginal Coronary
Due to Senility
Other conditions (Include pregnancy within 3 months of death) 930

9. Birthplace Strawberry Arkansas
(City, town, or county) (State or foreign country)

Major findings: Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Alfred A. Angle
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Julia Russell
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant F. A. Woolford

(b) Address Koshkonong, Mo.

17. (a) Burial (b) Date thereof 7/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong, Mo.

18. (a) Signature of funeral director See Gary Thayer, Mo.

(b) Address 7-6-43

19. (a) 7-6-43 (b) Gae D. Williams
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature Thayer (M, D. or other)

Address Thayer Date signed 7-2-43

RECEIVED

District Health Officer No. 5,

District File Number

843499

Date Filed

8-11-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.