S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41380

Registrar's No. 5103

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 mins. (Specify whether
In this community 11 mo. 5 days.
years, months or days) ~~[illegible]~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1327 Troost 8
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Caroline Woolsey

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 12 (Month) 26 (Day) 1942 (Year)

8. AGE: Years 0 Months 11 Days 65 If less than one day hr. min.

9. Birthplace K. C. Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation child

11. Industry or business

FATHER
12. Name Floyd Woolsey
13. Birthplace Kan (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ruby Mae McRorey
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs R. Woolsey
(b) Address 1327 Troost

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 12-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director A. R. Doehler
(b) Address 1415 [illegible]

19. (a) 12-3-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1
year 1943 hour 1 minute 50 P.M.

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

Immediate cause of death Septicemia pending further investigation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

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?
(Specify type of place)

While at work? Means of injury

23. Signature Emery R. Thom, O (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 12-2-43

(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 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.