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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17649

FILED JUN 8 1944

Registration District No. 7

Primary Registration District No. 5168

Registrar's No. 134

1. PLACE OF DEATH

(a) County CALLAWAY

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

(c) Name of hospital or institution: McCREDIE, MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. McCREDIE, MO
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME EVELENA WOOLERY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife V. C. Woolery

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased APR. (Month) 8 (Day) 1881 (Year)

8. AGE: Years 63 Months 0 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace CALLAWAY Co (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name CLEM CHENEY
13. Birthplace CALLAWAY Co (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name LIDIA ANN ADKINSON
15. Birthplace CALLAWAY Co. (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant V. C. WOOLERY
(b) Address McCREDIE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) May 5 - 1944 (Date received local registrar) (b) Josie Mosiukhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3 year 1944 hour 11 minutes P M.

21. I hereby certify that I attended the deceased from April 30th, 1944, to Apr - 1st, 1944, that I last saw her alive on April 1st, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Bronchial Asthma.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93e

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? (e) Means of injury 0

23. Signature M. A. Richardson (M. D. or other)

Address Fulton Mo Date signed 4/5/44

1161

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 6-7-44

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 Glen G. McAspin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.