S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26666

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3536

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: Northeast Restorium 3240 Norledge (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)
In this community 2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Wyandotte
(c) City or town: Kansas City, (If outside city or town limits, write "RURAL")
(d) Street No.: 331 N. 16 St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Richman Woolery
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Esther Woolery
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: April (Month) 24 (Day) 1871 (Year)
8. AGE: Years 74 Months 3 Days 28 If less than one day hr. min.
9. Birthplace: Topeka (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: Him Self
FATHER 12. Name: George Woolery
FATHER 13. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name: Ella Capron
MOTHER 15. Birthplace: Unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Mrs Esther Woolery
(b) Address: 331 N. 16 St. K.C. Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/24/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park K.C. K.
18. (a) Signature of funeral director: Echternacht FUNERAL HOME
(b) Address: 1900 Central Ave. K.C. Kansas.
19. (a) 8-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22 year 1945 hour 5:A.M. minute M.
21. I hereby certify that I attended the deceased from Pathologist, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage rt. - lenticular nucleus & internal capsule — Duration
Due to: Arteriosclerotic cerebrovascular disease
Due to:
Other conditions (Include pregnancy within 3 months of death): 830
Major findings: Of operations:
Of autopsy: Same as above

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? (e) Means of injury
23. Signature: J. W. Burnett (M. D. or other)
Address: U. of Ks. Hosp'ls Date signed 8-22-45

(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 Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address 1900 Central Ave

Kansas City 2, Kans.

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.