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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24475

State File No. \_\_\_\_\_

FILED AUG 6/1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3026

Registrar's No. 235

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Allen Rest Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 Years  
In this community 40 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1497 No. Osage 4  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emeline Woolsey

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 March 9, 1857  
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Fremont County, Iowa.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name John Woolsey

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

14. Maiden name Sarah Ann Constable  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant R.L.D.S. Church Records

(b) Address Auditorium Bldg.

17. (a) Burial (b) Date thereof 7-31-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem

18. (a) Signature of funeral director Edmund S. Kelly  
(b) Address Independence, Missouri

19. (a) 8-1-47 (b) Lemo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1947 hour 8 minute 15 a. M.

21. I hereby certify that I attended the deceased from 1 Jan  
1947 to 29 July 1947  
that I last saw her alive on 1 July 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility  
Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy \_\_\_\_\_

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? 0

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

23. Signature Edmund S. Kelly (M. D. or other) MS

Address Independence Date signed 7-29-47

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

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**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.....

*Dixon L. Kelsey*

Licensed Embalmer No..... *4225*

P. O. Address..... *Indep. 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.**