

FILED NOV 26 1947
Registration District No. _____

Primary Registration District No. 6162

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Reeds Spring Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Miller Woolsey
3. (b) If veteran, name war no
3. (c) Social Security No. 328-09-5217

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kathryn Bell Woolsey
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 8 - 1889
(Month) (Day) (Year)

8. AGE: Years 68 Months _____ Days _____ If less than one day _____ hr _____ min

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

10. Usual occupation Leather Worker

11. Industry or business _____

12. Name Joseph W. Woolsey

13. Birthplace Copper Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Woolsey

15. Birthplace Copper Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant J R Woolsey

(b) Address Kansas City MO

17. (a) Removal (b) Date thereof 11-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City MO

18. (a) Signature of funeral director R O Nicholshel

(b) Address Branson MO

19. (a) 11-14-47 (b) Miss Myrtle Sapp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Stone
(c) City or town Reeds Spring
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from May - 1947 to Nov - 1947
that I last saw him alive on Sept - 1947
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Coronary occlusion

Due to Hydremia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94%

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature M P Givens (M. D. or other) _____
Address Reeds Spring MO Date signed 11-14-47

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1147-1234

Date Filed NOV 25 1947

8761
JAN 2 1948

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 Minnie L. W. Helchel

Licensed Embalmer No. 2277

P. O. Address Branson 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.