

FILED FEB 17 1940

State File No. _____

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston, Missouri 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 501 South Virginia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 501 South Virginia
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Laura Maude Wood 300

3. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Wood 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 18 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>9</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Paducah, Kentucky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rufus Jeffords.

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

14. Maiden name Cordelia Ann Burton

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

16. (a) Informant John Wood
(b) Address 501 South Virginia.

17. (a) Burial (b) Date thereof 2/22/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director L. J. Vernon
(b) Address Charleston, Missouri.

19. (a) 1-20-40 (b) L. J. Vernon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
year 1940 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan. 19, 1940
_____ 19____ to Jan. 19, 1940
that I last saw her alive on Jan. 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis with acute heart failure 1 day

Due to _____

Due to _____

Other conditions 94 B.
(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.

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? _____

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

23. Signature William T. Davis (M. D. or other) MD

Address Charleston, MO Date signed Jan 23 1940

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

RECEIVED

District Health Officer No. 2

District File Number 240 59

Date Filed 2/12/40

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 *John P. Hummel*

Licensed Embalmer No. 3851

P. O. Address *Charleston*

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, above space should be left blank.