

NOV 20 1940

STANDARD CERTIFICATE OF DEATH

State File No. 36539

Registration District No. 827

Primary Registration District No. 4500

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Clarence Mo
(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 none 2
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME RHODA FLORIAN WOOD

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

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

6. (b) Name of husband or wife Erdis F. Wood 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct 20 - 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Clarence Shelby Mo
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Naylor
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Virginia A. Duke
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry J. Naylor

(b) Address Clarence Mo

17. (a) Burial (b) Date thereof 10-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director William B. Baker

(b) Address Clarence Mo

19. (a) 10-30-1940 (b) ROY HAMILTON
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby
(c) City or town Clarence
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1940 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on Oct. 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast - Prim.

Due to _____
Due to _____

Other conditions Enlarged liver.
(Include pregnancy within 3 months of death) and abdominal organ

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 Frank K. Roy (M. D. or other) _____
Address Clarence, Mo. Date signed 10/29/40

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

2220

RECEIVED

District Health Officer No. 10

District File Number 11-40-2101

Date Filed NOV 11 1940

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 Henry G Backelett

Licensed Embalmer No. 3835

P. O. Address Helena 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, above space should be left blank.