

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 25 1940

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

42620
Do not use this space.

1. PLACE OF DEATH
 (a) County GRUNDY Registration District No. 328
 (b) Township MADISON Primary Registration District No. 5452
 (c) City TRENTON or TRENTON (d) Street No. 7 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LAURA BELL RADER WOOD
 (a) Residence, No. MOBERLY MO R-3 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JAS. M. WOOD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 6 - 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>71</u>	<u>5</u>	<u>8</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DAVIS Co. Mo. 0

FATHER
 13. NAME JOSEPH RADER 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND. 1

MOTHER
 15. MAIDEN NAME MARTHA J. BROWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HARRISON Co. Mo.

17. INFORMANT ERNEST Wood - Son
 (ADDRESS) TRENTON MO R-5

18. BURIAL, CREMATION, OR REMOVAL PLACE PILOT GROVE Cem. #1 DATE 12-4-1940 19.

19. FUNERAL DIRECTOR (NAME) PAUL T. HACKNEY
 (ADDRESS) MOBERLY MO. 300

20. FILED 12-3 HO Ernest Wood
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH 10:45 P.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24th, 1940, to Dec. 2nd, 1940
 I last saw h. or alive on Nov. 24th, 1940. Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset ?

Other contributory causes of importance: 121

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Oliver F. Juffy M. D.
 (Signed) Ernest Wood
 (Address) Trenton Mo.

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Paul T. Hackney*

Licensed Embalmer No. *3598*

P. O. Address *Midway - Missoula*

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.