

FILED MAY 9 1941

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

13844

Do not use this space.

1. PLACE OF DEATH

(a) County Keaton Registration District No. 8
 (b) Township London Primary Registration District No. 502 Registered No. 248
 (c) City Chariton (d) Street No. 1 St.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harriet Adeline Wood
 (a) Residence, No. Warsaw Mo. (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 Female wh
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 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) Callaway Co Mo

13. NAME Jerry Merrin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Lucy Turley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Edwood Davis
Warsaw, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside DATE Apr. 15, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) White-Russell
Warsaw Mo

20. FILED Apr. 16 1941 Jas. A. Logan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13-1941

I HEREBY CERTIFY, That I attended, deceased from

2044 Ave. 1st to 4-13-1941

I last saw her alive on 4-13-1941. Death is said to have occurred on the date stated above, at 10 pm.

The principal cause of death and related causes of importance were as follows:

Senility
Chronic Myo-Carditis
Other contributory causes of importance:

Date of onset

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1941

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?

If so, specify ✓

(Signed) W. B. Davis, M. D.

(Address) Warsaw Mo

RECEIVED

District Health Officer No. 70

District File Number 5-41-738

Date Filed 5-5-41

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 F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.