

No. 2  
1-4-41  
17-39  
X26390

FILED MAY 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14308

State File No. \_\_\_\_\_

Registration District No. 210

Primary Registration District No. 8289

Registrar's No. 7

1. PLACE OF DEATH:  
(a) County Clinton  
(b) City or town Rural Lafayette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community all her life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Clinton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Erma Wood  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 8  
year 1941 hour ? minute ? M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John D Wood  
6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased May 5 1906  
(Month) (Day) (Year)

Immediate cause of death attached by full broken neck  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: none  
Of operations \_\_\_\_\_  
Of autopsy none

8. AGE: Years Months Days If less than one day  
34 11 12 hr. \_\_\_\_\_ min.  
9. Birthplace Clinton Co Mo. O  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Harvey Kerns  
13. Birthplace Clinton Co Mo O  
(City, town, or county) (State or foreign country)  
14. Maiden name Ma Kerns  
15. Birthplace Clinton Co Mo O  
(City, town, or county) (State or foreign country)  
16. (a) Informant Cliford Kerns  
(b) Address Stewartsville Mo  
17. (a) Burial (b) Date thereof Apr - 10 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery  
18. (a) Signature of funeral director T. J. Ryan  
(b) Address Stewartsville Mo  
19. (a) April 10 (b) Mrs. John Ray  
(Date received local registrar) (Registrar's signature)

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) accident O-22  
(b) Date of occurrence April 8 - 1941  
(c) Where did injury occur? Pasture near home  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Farm (Specify type of place)  
While at work? yes (e) Means of injury attached by full

23. Signature T. J. Ryan (City, D. or other)  
Address Plattsburg Mo Date signed 4/8/41

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *E. G. Lyon*  
Licensed Embalmer No. *952*  
P. O. Address. *Stewartville Md*

**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.**