

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19446

State File No.

~~11113~~

Registration District No. 48

Primary Registration District No. 5061

Registrar's No. 24

I. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Northbrook Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 8 Mi North West Jasper Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Mi N.W. Jasper Mo
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th
year 1941 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from on May 15th
1941, to May 17, 1941;
that I last saw her alive on May 15th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to History of Nephritis _____ years

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 1/2/1 PHYSICIAN
Of autopsy _____ 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?
40 While at work? _____ (Specify type of place) _____
(e) Means of injury 2

23. Signature J. Darwin Magee (M. D. or other) DO
Address Jasper Mo Date signed 5/17/41

3. (a) PRINT FULL NAME Martha Jane Wood

8. (b) If veteran, name war none 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Thomas P. Wood 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Feb 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 23 hr. _____ min.

9. Birthplace Vernon Ill
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

12. Name Nathaniel Riley

13. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Martha K. Merrill

15. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Wood

(b) Address Jasper Mo

17. (a) Buried (b) Date thereof May 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterbury Cem.

18. (a) Signature of funeral director Chas J. Teeter

(b) Address Jasper Mo

19. (a) May 20 41 (b) Mrs. Josephine Myrland
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 641-900

Date Filed JUN 9 1949

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 _____

Howard Simpson, Registered Apprentice No. 285
working under my personal supervision.

Signed

Phis J. Tester

Licensed Embalmer No. 2566

P. O. Address Jasper 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.