

0. 2  
4-41  
7-39  
X26320

FILED AUG 14 1941

Registration District No. 552

Primary Registration District No. 5745

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Monroe Rural Warren Twp.  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community..... 1 (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ELLIZABETH JANE WOOD

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

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

6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 16 18 43  
(Month) (Day) (Year)

8. AGE: Years 98 Months 0 Days 25  
If less than one day.....hr.....min.

9. Birthplace Monroe County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business.....

MOTHER FATHER { 12. Name William Wood

13. Birthplace Delaware  
(City, town, or county) (State or foreign country)

14. Maiden name Eizabeth Ide

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Groner Bohrer

(b) Address Sumnerwell No

17. (a) Burial (b) Date thereof July 13-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Day Brook Cemetery

18. (a) Signature of funeral director Ernest Bohrer

(b) Address Sumnerwell No

19. (a) July 13, 1941 (b) Miss Alta V. Wagner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Monroe to Warren Twp. Mo  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11  
year 1941 hour about 3 minute 00 A.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.

Immediate cause of death Senility Duration

Found dead in bed at the home  
Due to of her grandson death due  
to natural causes.

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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?  
(Specify type of place)

While at work?..... (a) Means of injury.....

23. Signature Crawford Smith (M. D. or other)  
Address Warrenton Mo. Date signed 7-11-41

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

**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 M.C.*

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *George Livan*

Licensed Embalmer No. *1754*

P. O. Address *Hannawell 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, fact should be so stated above.**