

DEC 13 1941

Registration District No. 7074

Primary Registration District No. 59364

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Wishart Twp. Marionville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none Rural Wishart Twp Polk Co 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
Jan 21 - 1941 to Oct 16th - 1941
that I last saw him alive on Oct 16 1941
and that death occurred on the date and hour stated above.

Immediate cause of death, Cardia Failure
Senility

Due to Arterio-Sclerosis

Due to _____

Other conditions _____
(include pregnancy within 3 months of death) 97

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Columbus Lutheran Wood

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

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

(b) Name of husband or wife Alta Kundw 6. (c) Age of husband or wife if alive deceased years 29 1855

7. Birth date of deceased (Month) March (Day) 29 (Year) 1855

8. AGE: Years 86 Months 7 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Polk County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Isaac Wood

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

14. Maiden name Elison Boatwright

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

16. (a) Informant Mrs Percy Paul

(b) Address Walnut Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Jurkey Creek

18. (a) Signature of funeral director Percy Paul

(b) Address Walnut Grove Mo

19. (a) Oct 31 1941 (Date received by registrar) (b) Phillard E. Dickinson (Registrar's signature)

633 (Licensed Embalmer's Statement on Reverse Side)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Gibbs (M. D. or other) _____
Address Walnut Grove Mo Date signed Nov 4-41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 12-41-2036
Date Filed 12-11-46

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 Bernard Wright, Registered Apprentice No. 299
working under my personal supervision.

Signed Genea Bann
Licensed Embalmer No. 2664
P. O. Address Waverly

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.