

No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39794

State File No. _____

DEC 12 1941
Registration District No. 707

Primary Registration District No. 6220

Registrar's No. 17

1. PLACE OF DEATH:

(a) County. WRIGHT

(b) City or town. PICASANT VALLEY TWP. RURAL
(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 4 hours _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT ¹¹⁴
₀

(c) City or town PICASANT VALLEY TWP. RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME AGNES MAY WOOD

3. (b) If veteran, name was NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 25
year 1941 hour 5 minute 30 A.M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased NOV. 25 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NOV 25 1941, to NOV 25 1941;
that I last saw her alive on NOV 25 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
				<u>4 hr.</u> min.

Immediate cause of death Blue baby Duration 4 hr.

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death)

10. Usual occupation CHILD

11. Industry or business _____

MOTHER FATHER

12. Name LEONARD W. WOOD

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

14. Maiden name ETHEL E. FIST

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Leonard W. Wood

(b) Address Mansfield, Mo. R. 2.

17. (a) BURIAL (b) Date thereof NOV 25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MANSFIELD CEM.

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? _____

18. (a) Signature of funeral director J. G. Hoff

(b) Address MANSFIELD MO.

19. (a) Dec. 1, 1941 (b) J. M. D. Short
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

22. Signature J. G. Furon (M. D. or other) _____
Address Mansfield Date signed Nov. 25/41

032 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1241-1807

Date Filed DEC 9 1947

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: F. R. Steffi

Licensed Embalmer No. ~~3221~~ 3221

P. O. Address Mansfield, m

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.