

FILED FEB 16 1942

Registration District No. 875

Primary Registration District No. 30319

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Newada  
(c) Name of hospital or institution: Newada City Hospital  
(d) Length of stay: In hospital or institution 4 da  
In this community 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon  
(c) City or town Rural  
(d) Street No. Newada, Mo. Rt # 1  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Isabell Wood  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8, year 1942 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Dec 24 1941 to Jan 8 1942 that I last saw her alive on Jan 8 1942 and that death occurred on the date and hour stated above.

4. Sex F 1 race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Oct 7, 1875

Immediate cause of death acute Ruptured Gall bladder & Peritonitis  
Due to acute Cholecystitis with piggyback lithiasis  
Due to Cholelithiasis & lithiasis  
Other conditions 126  
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 3 Days 1 If less than one day hr min

9. Birthplace Lanning Iowa

10. Usual occupation Housekeeper

11. Industry or business at Home

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Thomas Salem Wood  
(b) Address Newada, Mo. R.R. 1

17. (a) Burial (b) Date thereof 1/10/42  
(c) Place: burial or cremation Watters Cemetery - Jasper, Mo

18. (a) Signature of funeral director Ferry Funeral Home  
(b) Address Newada, Mo

19. (a) Jan 10, 1942 (b) Allen V. Mayo  
(c) 175

Major findings: Ruptured gall bladder filled with piggyback lithiasis  
Of operations none  
Of autopsy none

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature [Signature]  
Address Newada, Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 7<sub>0</sub>

District File Number 2-42-136

Date Filed 2-13-42

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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.....

*Lloyd R. Winnett*

Licensed Embalmer No. 3857

P. O. Address Merada, 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.**