26837

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 212

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 m (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shelby 14 1
(c) City or town Emden 2
(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 Wade D Wood
3. (b) If veteran, name war D.K.
3. (c) Social Security No. D.K.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Milton Wood
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Mar (Month) 19 (Day) 1867 (Year)

8. AGE: Years 75 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Marion Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Same
FATHER
12. Name Thos D Ballard
13. Birthplace Ky (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Mary E Pepper
15. Birthplace Marion Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Record
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 11, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hunewell, Mo
18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton Mo.
19. (a) 7-11-1942 (Date received local registrar) (b) Josie Morsenkopf (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 6-25 minute a M.
21. I hereby certify that I attended the deceased from 5/22/, 1942, to 7/11/, 1942
that I last saw her alive on 7/10/, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	14 days
Due to Fracture Rt hip	
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) 014
(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? (e) Means of injury 0
23. Signature George W Reeves (M. D. or other) MD
Address Fulton Mo Date signed 7/11/42

1147 (Licensed Embalmer's Statement on Reverse Side)

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. Owen Boggess Jr.

Licensed Embalmer No. 3940

P. O. Address Fulton, 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.

No. 2B
-8-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26837

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 212

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hosp # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 m. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wade D. Wood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 19 (Day) 186 (Year)

8. AGE: Years 75 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

SUPPLEMENTARY

20. DATE OF DEATH: Month July day
year 1942 hour minute 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.

	Duration
Immediate cause of death Labor pneumonia	14 days
Fracture Rt Hip	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186W
14

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 5/22/42
(c) Where did injury occur? Fulton (City or town) Callaway (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Ward at State Hospital No (Specify type of place)
While at work? No (e) Means of injury accidently Fell on floor

23. Signature George W. Rogers (M. D. or other) MD
Address Fulton Mo Date signed 10/1/42