

No. 2  
4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38258

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED DEC 7 1942

Registration District No. 335

Primary Registration District No. 4492

100  
4  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: *Scott*

(a) County *Scott*

(b) City or town *Oran*

(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 *—* years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Scott*

(c) City or town *Oran*

(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 *Dorah Byrne Wood*

(b) If veteran, name war *—*

(c) Social Security No. *—*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~10~~ *Feb* day *10* year *1942* hour *9* minute *—* A.M.

4. Sex *Female* 5. Color or race *W*

6. (a) Single, widowed, married, divorced *Widowed*

6. (c) Age of husband or wife if alive *18* years (Day) (Year)

7. Birth date of deceased: *Sept 18 1863* (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Feb 3*, 1942 to *2/10*, 1942 that I last saw her alive on *2/9*, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years *78* Months *4* Days *27* If less than one day *—* hr. *—* min.

Immediate cause of death *Lobar Pneumonia*

9. Birthplace *Illino* (City, town, or county) *Indo* (State or foreign country)

Due to *—*

Due to *—*

10. Usual occupation *Housekeeping*

11. Industry or business *—*

Other conditions (Include pregnancy within 3 months of death) *108*

12. Name *Marion Burney*

13. Birthplace *Donk Knott* (City, town, or county) (State or foreign country)

14. Maiden name *Genevieve Anceley*

15. Birthplace *Donk Knott* (City, town, or county) (State or foreign country)

Major findings: Of operations *X*

Of autopsy *X*

16. (a) Informant *Clyde Poe*

(b) Address *Oran Mo*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *2-12-42* (Month) (Day) (Year)

(c) Place: burial or cremation *Friend Cemetery*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *X*

(b) Date of occurrence *X*

(c) Where did injury occur? (City or town) (County) (State) *X*

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

18. (a) Signature of funeral director *J. D. ...*

(b) Address *Oran Mo*

19. (a) *12-2-42* (Date received local registrar) (b) *J. P. ...* (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury *X*

23. Signature *J. A. Cline* (M. D. or other) *—*

Address *Oran Mo* Date signed *2/11/42*

Duration *8da*

PHYSICIAN *—*

Underline the cause to which death should be charged statistically.

**RECEIVED**

District Health Office No. 2,

District File Number 1242-149

Date Filed 12-7-42

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**