

FILED APR 12 1943

Registration District No. **152**

Primary Registration District No. **2001**

Registrar's No. **194**

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

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1802 Harlem
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1802 Harlem**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **---**

3. (a) PRINT FULL NAME **Myrtle Wood**
3. (b) If veteran, name war **No** **3. (c) Social Security No.** **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **Feb** day **31** year **1943** hour **7** minute **55** M.

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced.** **3 Divorced**
6. (b) Name of husband or wife **Morgan Wood** **6. (c) Age of husband or wife if alive** **4** years **1896**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 27** **1943** **to** **March 31** **1943**
that I last saw her alive on **March 28** **1943**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	46	9	27	hr. min.

Immediate cause of death
Tuberculosis
Due to **Lungs**
Duration **2 yrs**
2 weeks

9. Birthplace **Duenweg Missouri**
 (City, town, or county) (State or foreign country)

Due to **---**

10. Usual occupation **At Home**

Other conditions
 (Include pregnancy within 3 months of death) **30 lb**

11. Industry or business **---**
MOTHER FATHER
12. Name **Jeff Davis**
13. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)
14. Maiden name **Nettie Bennie**
15. Birthplace **Carthage 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 **Mrs. E. L. Bean**
(b) Address **1802 Harlem, Joplin, Mo.**
17. (a) Burial, cremation, or removal **Burial** **(b) Date thereof** **April 12, 1943**
 (Month) (Day) (Year)

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?

(c) Place: burial or cremation **Park Cemetery**
18. (a) Signature of funeral director **Knell Mortuary**
(b) Address **Carthage, Missouri**
19. (a) 4-2-43 **(b) Gustav Sudholter**
 (Date received local registrar) (Registrar's signature)

23. Signature **H. H. Huber** (M. D. or other)
Address **Joplin Mo** **Date signed** **4-2-43**

43-3-291

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..... *Ernest R. Dineen*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage*

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.