

V. S. No. 2
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Rev. 5-17-39
FPI X32873
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42523**
Registrar's No. **69**

FILED DEC 17 1943
Registration District No. **297**

Primary Registration District No. **3057**

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Richmond
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All Her Life (Specify whether years, months or days)

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Alfred W. Wood 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 16 th. 1866. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>9</u>	hr. min.

9. Birthplace Henry Co. Kan. (City, town, or county) (State or foreign country)

10. Usual occupation House Wife Keeper

11. Industry or business

12. Name Jack Mitchell
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Ann Shaw
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Wood
(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-43. (Month) (Day) (Year)
(c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J. B. Brothers
(b) Address Richmond Mo.

19. (a) 11/26/43 (Date received local registrar) (b) Mrs. Shas W. Shippert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ray
(c) City or town Richmond Mo. (If outside city or town limits, write "RURAL")
(d) Street No. Benton Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25th year 1943 hour 1 o'clock minute 2 A.M.
21. I hereby certify that I attended the deceased from Nov 27 to Nov 29 1943
that I last saw her alive on Nov 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 61

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. D. Greene (M. D. or other) _____
Address Richmond Mo. Date signed 11-26-43

RECEIVED

District Health Officer No. 8, 1943

District File Number

Date Filed

12-14-43

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.....

working under my personal supervision.

J B Brothers

Registered Apprentice No.

Brothers Funeral Home

Signed

J B Brothers

Licensed Embalmer No.

2001

P. O. Address

Richmond Va

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.