

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26156

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 234

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1306 So Osteopathy
(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 Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. 1306 So Osteopathy
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA ANN WOOD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 22 year 1946 hour 7 1/2 minute 9 A.M.
21. I hereby certify that I attended the deceased from 1945 to Aug 22, 1946
that I last saw her alive on Aug 22, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George L Wood 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 20 1887
(Month) (Day) (Year)

Immediate cause of death asthma Duration 10yr
Due to Hypertension 5yr
Due to chr. myocarditis 5yr

8. AGE: Years Months Days If less than one day
59 6 2 hr. min.
9. Birthplace Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 93d
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housekeeping
11. Industry or business _____
12. Name William E. Steele
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Smith
15. Birthplace Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Earl Wood
(b) Address Kirkville Mo
17. (a) Burial (b) Date thereof Aug 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrow Mo
18. (a) Signature of funeral director W. B. McCall
(b) Address South Coffey Mo
19. (a) 8-28-46 (b) W. Lambert
(Date received local registrar) (Registrar's signature)

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 R. E. Stippler (M. D. or other) MD
Address Kirkville Mo Date signed 8-28-46

RECEIVED
District Health Officer No. 10
District File Number 9-46-1635
Date Filed SEP 7 1946

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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Efford Wm

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.