

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39474

State File No. _____

Registration District No. 378

Primary Registration District No. 6286

Registrar's No. 34

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

1. PLACE OF DEATH:
 (a) County Wright
 (b) City or town Hartville Rural Woodr.
(If outside city or town limits, write "RURAL" and name of township)
 (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. 57 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wright 117
 (c) City or town Hartville Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Wood Dr
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

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

4. Sex F / 5. Color or race w
 6. (a) Single, widowed, married, divorced M /
 6. (b) Name of husband or wife W. B. Wood
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased May 8 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 25
If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Geo. Shores, Sr.
 13. Birthplace Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie Davidson
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. B. Wood

(b) Address Hartville, Mo.

17. (a) burial (b) Date thereof 11-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel

18. (a) Signature of funeral director Gene E. Waldman

(b) Address Hartville, Missouri

19. (a) 11-23-46 (b) A. G. Ames
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 3
 year 1946 hour 5:45 minute P. M.
 21. I hereby certify that I attended the deceased from Sept 2
1946 to Nov 3 1946
 that I last saw her alive on Nov 3
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Bowel
 Duration _____

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings:
 Of operations 46 E
 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) _____
 (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 [Signature] (M. D. or other) M D
 Address [Signature] Date signed 11/9
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.....

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.