No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17183

Primary Registration District No. 2000

Registrar's No. 443

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 821 East Elm Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 821 East Elm Street 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NELLIE B. 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 Widowed

6. (b) Name of husband or wife William J. Wood

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased October (Month) 20, (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	7	6	hr. min.

9. Birthplace Danville, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name M. O. Lapham
13. Birthplace Decatur, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Frazier
15. Birthplace Danville, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Helen Wood (Daughter)
(b) Address 821 East Elm Street, Spfgld, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 5-28-47 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26, year 1947 hour 9: minute 15 P.M.

21. I hereby certify that I attended the deceased on May 26, 1947, to ..., 19..; that I last saw her alive on May 26, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion, acute — Duration 30 min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

94A

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Bruce Lemmon (M. D. or other)
Address Springfield Mo. Date signed 5-28-47

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1978

JUN 10 1980

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 Julian R Goodman, Registered Apprentice No. 473, working under my personal supervision.

Signed Jewell E Mendle

Licensed Embalmer No. 2831

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.