

FILED AUG 12 1947

Registration District No. 998

Primary Registration District No. 5742

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town "Rural" Valley Twp.  
(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 ✓  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME ANNIE J. WOOD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank A. Wood 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Sept. 15 1870  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 22 If less than one day hr. min.

9. Birthplace New Cambria Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER  
11. Industry or business  
12. Name David J. Evans  
13. Birthplace Wales  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Samuel  
15. Birthplace Wales  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Hughes  
(b) Address New Cambria, Mo.

17. (a) Burial (b) Date thereof Aug. 10, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Cambria Cem.

18. (a) Signature of funeral director H. J. Sillland  
(b) Address New Cambria Mo.

19. (a) Aug. 9 (b) Josephine King  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon  
(c) City or town New Cambria "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Valley Township  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7<sup>th</sup>  
year 1947 hour 9<sup>7</sup> minute 30 P.M.

21. I hereby certify that I attended the deceased from May 2nd 1947 to May 7<sup>th</sup> 1947  
that I last saw her alive on May 7<sup>th</sup> 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Permissive Emphysema Duration 1 yr

Due to —  
Due to —

Other conditions (include pregnancy within 3 months of death) —

Major findings: Of operations — 13A  
Of autopsy no

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 — 0

23. Signature D. West (M. D. or other)  
Address New Cambria Mo. Date signed Aug 9 1947

NOV 13 1948

RECEIVED  
District Health Officer No. 10  
District File Number 8-47-1045  
Date Filed - AUG-11-1947

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 H. J. Gilleland  
Licensed Embalmer No. 4019  
P. O. Address New Cambria, Mo.

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.