

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25069

State File No.

FILED AUG 13 1947

Registration District No.

Primary Registration District No. 4433

Registrar's No. 62

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town UNIONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MONROE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 DAYS
(Specify whether years, months or days)

In this community 27 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town RURAL
(If outside city or town limits, write "RURAL") 0

(d) Street No. UNIONVILLE
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OLIVE IRENE WOOD

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 23
year 1947 hour 10 minute 30 A. M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GLEN WOOD 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased MARCH 18 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 31, 1947, to July 23, 1947
that I last saw her alive on July 23, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

31 4 5 hr. min.

Immediate cause of death Generalized peritonitis

Due to Ruptured appendix

9. Birthplace APPANOOSE COUNTY IOWA
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

10. Usual occupation HOUSEWORK

11. Industry or business HOUSEHOLD

MOTHER FATHER

12. Name WILLIAM LA VERNE OWINGS

13. Birthplace WARREN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name EDDIE LEE M^C KINLEY

15. Birthplace PUTNAM COUNTY MISSOURI
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Glen Wood

(b) Address Unionville Mo

17. (a) BURIAL (b) Date thereof JULY 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PHERIGO CEMETERY

While at work? (Specify type of place) (e) Means of injury 2

23. Signature L. W. McDonald (M. D. or other) Do
Address Unionville, Mo. Date signed 7-28-47

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. by John A. Comstock

19. (a) 8-5-47 (b) Marbell Durbin
(Date received local registrar) (Registrar's signature) date

(Licensed Embalmer's Statement on Reverse Side)

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

18961 P I MAP

RECEIVED
District Health Officer No. 10
District File Number 8-47-1051
Date Filed AUG 12 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 John W. Constock
Licensed Embalmer No. 3891
P. O. Address Chinville, 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.