

S. No. 2
M-5-43
7-5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28263
Registrar's No. 125

FILED AUG 25 1947
Registration District No. 283

Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 343 Days
In this community 343 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Hunnepwell
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Mildred Lea Wood

3. (b) If veteran, name war no
3. (c) Social Security No. 325-18-6458

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 18 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 10 14 hr. min.

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

10. Usual occupation: Shoe Factory

11. Industry or business _____

MOTHER FATHER { 12. Name James Sherry Wood
13. Birthplace Emden Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Loretta Wood
15. Birthplace Talmadge Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal (b) Date thereof Aug 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hunnepwell, Mo.

18. (a) Signature of funeral director W. B. Fossett
(b) Address Mo. State San., Mount Vernon, Mo.

19. (a) 9/6/47 (b) W. B. Fossett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1947 hour 3 minute 55 P.M.

21. I hereby certify that I attended the deceased from August 24, 1946, to August 1, 1947,
that I last saw her alive on August 1, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration over 3 yrs.

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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 0

23. Signature C. H. Helweg M.D. (M. D. overline)
Address Mo. State San., Mount Vernon, Date signed 8-1-47

RECEIVED
District Health Officer No. 67
District File Number ~~2207~~ 878
Date Filed ~~.....~~ AUG 22 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.....
..... *Ben Mc*, Registered Apprentice No.....
working under my personal supervision.

Signed..... *May J. Fossed*,
Licensed Embalmer No. *4252*
P. O. Address *Mt Vernon 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.