

No. 2
-12-45
5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35302

State File No. _____
Registrar's No. _____

FILED NOV 5 1947

3054

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana?

(c) Name of hospital or institution:
Pike Co. Hospital

(d) Length of stay: In hospital or institution 4 hours

In this community 44 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

(c) City or town Louisiana,

(d) Street No. 223 So. 13 th St

(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARGARET I. WOOD

3. (b) If veteran, name war. ---

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1947 hour 9:55 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 10-30-47
5:00 PM to DEATH 19____

that I last saw her alive on 10-30-47
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac FAILURE

4. Sex Fem. 5. Color or race White

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

6. (b) Name of husband or wife John K. Wood

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

7. Birth date of deceased January 13, 1859

Duration 4-5h

Due to Arterio sclerosis
Coronary vessels

Due to _____

Other conditions _____

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

88 9 17 hr. _____ min.

9. Birthplace Lincoln Co. Mo.

10. Usual occupation Hswife.

11. Industry or business _____

12. Name Jonathan Ingram

13. Birthplace North Carolina

14. Maiden name Uptegrove

15. Birthplace Unknown

16. (a) Informant Clarence Wood

(b) Address 4129 Cleveland Ave, St. Louis, Missouri

17. (a) Burial (b) Date thereof Nov. 2/47

(c) Place: burial or cremation Liberty Cemtery, Corso, Mo.

18. (a) Signature of funeral director Haley Mortuary

(b) Address Louisiana, Missouri

19. (a) 11-1-47 (b) Bernice Collier

(Date received local registrar) (Registrar's signature)

Major findings:
Of operations None

Of autopsy None 94A

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? _____

(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 2 R. Johnson (M. D. or other) MD

Address Louisiana, Missouri Date signed 11-1-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 11-47-1276
Date Filed NOV - 4 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 George O. Wagner
Licensed Embalmer No. 3773
P. O. Address Louisiana, 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.