

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40673

FILED JAN 5 1949

Registration District No. 175

Primary Registration District No. 5645

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Rt. 1, Aurora, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Yrs. (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 3mi. NW. Aurora, Mo.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Floyd Albert Wood

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from after death 19____ to 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

4. Sex Maled 5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. 8 9 1946
(Month) (Day) (Year)

Immediate cause of death Suffocation from fire Duration _____

8. AGE: Years 2 Months 4 Days 12 If less than one day hr. _____ min. _____

Due to Children playing with matches burned house down

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

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

10. Usual occupation Child

Major findings: Of operations _____ 18
Of autopsy none 15

PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Floyd Wood

13. Birthplace Buffalo, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kathleen Kimbler

15. Birthplace Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Kathleen Kimbler

(b) Address Rt. 1, Aurora, Mo.

17. (a) Burial (b) Date thereof 12/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Aurora,

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 55

(b) Date of occurrence Dec 21 - 1948

(c) Where did injury occur? Lawrence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
No. In Home

While at work? no (Specify type of place) (e) Means of injury fire

18. (a) Signature of funeral director Thomas Spring

(b) Address Aurora, Mo.

19. (a) 12-23-48 (b) Geo. Mc Nathan
(Date received local registrar) (Registrar's signature)

23. Signature Therman Turridge or Coroner
Address Marionville Mo. Date signed 12/31/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1248-1419

Date Filed 12-31-48

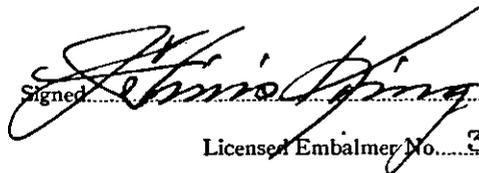
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3529

P. O. Address Aurora, Missouri.

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.