

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3734

2013  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 3000 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Memphis, Adams</b>	
c. LENGTH OF STAY (in this place) <b>13 1/2 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>368 South Adams</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.C.O.S. Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gertrude</b>	b. (Middle) <b>Wood</b>	c. (Last) <b>Wood</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>February 20, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1895</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 48 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Holland</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>John William Jansen</b>	13b. MOTHER'S MAIDEN NAME <b>Nellie Hopmann</b>	14. NAME OF HUSBAND OR WIFE <b>Elsa B. Wood</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>E. B. Wood, Memphis, Missouri</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>26 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		<b>15 yrs.</b>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-20, 1950, to 2-20, 1950, that I last saw the deceased alive on 2-20, 1950, and that death occurred at 6:10p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. H. Heltzer, M.D.</b>	23b. ADDRESS <b>K. C. O. S., Kirksville, Mo</b>	23c. DATE SIGNED <b>2-20-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Feb 22 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hope</b>	24d. LOCATION (City, town, or county) (State) <b> Sheridan Wyoming</b>
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DATE REC'D BY LOCAL REG. <b>2-20-50</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Gertha Bassett</b>	ADDRESS <b>Memphis Mo</b>
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RECEIVED

FEB 27 19

District Health Officer No.

District File Number 280-3

Date Filed FEB 27 19

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

working under my personal supervision.

Student Embalmer No. ....

Signed Albert C Gerth

Signed .....  
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address Memphis 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.