

JUL 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22465
Do not use this space.

1. PLACE OF DEATH

(a) County Monteair Registration District No. 571
(b) Township Walker Primary Registration District No. 4335
(c) City California (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary Sophia Wood 300
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 30 - 1865</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kear</u>		
13. NAME <u>Helmut Hredel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Frederica Hinz</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Pauline Wood</u> <u>California mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Lutheran Cem</u> <u>6/22 38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hillman & Friedmeyer</u> <u>California mo.</u>		
20. FILED <u>6-22-38</u> <u>H.R. Popejoy</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from cases 29, 1938 to June 21, 1938
I last saw her alive on June 20, 1938 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset 6/15/38

Other contributory causes of importance:
Arterio Sclerosis, generalised 14 yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
Also, specify _____
(Signed) H. B. Bunker Jr., M. D.
(Address) California, mo.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

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, above space should be left blank.