

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

33188
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 274
 (b) Township St. James Primary Registration District No. 4465 Registered No. 808
 (c) City Flat River, Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Flat River, Mo. a neg. yr. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Joseph Wood
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1866
 7. AGE YEARS 78 MONTHS 2 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) 9-8-38 11. Total time (years) spent in this occupation 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Doe Run, Mo.

13. NAME Mr. Joseph Davis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Miss Mary Davidson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Miss Lydia Wood Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View DATE Sept. 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin W. Hood

20. FILED 9/22/38 OBhanan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1938
 22. I HEREBY CERTIFY, That I attended deceased from 9-6-1938, to 9-8-1938
 I last saw him alive on 9-6-1938 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocardium
Art. Sclerosis
 Other contributory causes of importance: Arteriosclerosis
Similarity

Name of operation _____ Date of _____
 What test confirmed diagnosis? exam Was there an autopsy? no

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? no
 If so, specify OBhanan, M. D.
 (Signed) _____

(Address) Flat River 740

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,

Alvin W. Hood

or by

Registered Apprentice No., working under my personal supervision.

Signed *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address *Stat Rm m*

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.