

WRITE PEAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

14944  
Do not use this space.

REC'D MAY 19 1939

1. PLACE OF DEATH  
 (a) County Harrison Registration District No. 334  
 (b) Township..... Primary Registration District No. 4197  
 (c) City Bethany (d) Street No. Bethany Hospital Registered No. 24  
 (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 300 Stillborn Baby Wood  
 (a) Residence, No. Bethany, Missouri 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
stillbirth

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. XX  
 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) Bethany (STATE OR COUNTRY) Missouri

FATHER 13. NAME Charles Edward Wood  
 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Loretta DeRutz  
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Loretta Wood  
Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS) Charles Edward Wood  
father of child

20. FILED 4-15- 19 39 adversary  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 19 39

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1939 to April 12, 1939  
 I last saw him alive on stillborn 4/2, 1939 Death is said to have occurred on the date stated above, at 8 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Stillbirth

Other contributory causes of importance:

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? No  
 If so, specify  
 (Signed) W. J. Taylor, M. D.  
 (Address) Bethany Mo

RECEIVED

District Health Officer No. 117

District File Number 39-458

Date Filed MAY 8 1939

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**