S. No. 2
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5-17-39
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FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26425

Registration District No. 801 Primary Registration District No. 4430 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Sweet Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Sweet Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MARTHA ESTEN WOOD
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife J S Wood
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) 10th (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
80	11	18	— hr. — min.

9. Birthplace Saline Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife at Home-Retired
11. Industry or business —
FATHER 12. Name James P Lindsey
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ellen Crump
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs Elizabeth Littlejohn
(b) Address Higginsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sweet Springs Mo
18. (a) Signature of funeral director Jesse Hardy
(b) Address Sweet Springs Mo
19. (a) 7/29/40 (Date received local registrar) (b) R L Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 6 minute 55 P. M.
21. I hereby certify that I attended the deceased from June 17, 1935 to July 28 1940 that I last saw her alive on July 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	4 da.
Due to Arterio Sclerosis	About 3 yrs.
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
While at work? — (Specify type of place) (e) Means of injury —
23. Signature A H Ringen (M. D. or other)
Address Sweet Springs Mo Date signed 7-29-40

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
District File Number 8-13-40
Date Filed

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

Ale -, Registered Apprentice No.

working under my personal supervision.

Signed Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.