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4-41  
7-39  
X2638

AUG 29 1941

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Audrain Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 days  
(Specify whether  
 In this community 4 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
 (c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 502 E. Monroe St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louvisa Wood

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife George Maddox Wood 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 23 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callaway County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name George Maddox  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Louvisa Lawrence  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Wood  
 (b) Address R.F.D. Mexico, Mo.

17. (a) Burial (b) Date thereof July 24, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berea Cemetery

18. (a) Signature of funeral director Paul E. Keely  
 (b) Address Mexico, Mo.

19. (a) July 24 1941 (b) B. Keely Keely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23  
 year 1941 hour 3 minute 10 a.m.

21. I hereby certify that I attended the deceased from July 19-41  
 \_\_\_\_\_, 19\_\_\_\_ to July 23, 1941  
 that I last saw her alive on July 22, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Toxemia.  
 Due to Cholecyctitis.

Due to 1 Very large stone,  
 Other conditions 12TB  
(Include pregnancy within 3 months of death)

Major findings: Operated - one large stone, pt. of pus in gall bladder  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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 Paul E Keely (M. D. or \_\_\_\_\_)

Address Mexico, Mo. Date signed 7-23-41

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

RECEIVED

District Health Officer No. 10

District File Number 8-44-1544

Date Filed AUG-20 1941

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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.