

S. No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19192

State File No. _____

Registration District No. 820

Primary Registration District No. 4503

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Steele
(b) City or town Steele
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 3865 Hartford St.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME CLARA NANCY 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 Married
6. (b) Name of husband or wife John Milton Wood 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 27 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business

12. Name John Gigas
13. Birthplace Hannover Germany
14. Maiden name Unknown
15. Birthplace Unknown Germany

16. (a) Informant Victory H. Harkerlein
(b) Address Oklahoma City, Okla.

17. (a) Removal (b) Date thereof April 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director E. Hayes
(b) Address Steele, Mo.

19. (a) May 12 42 (b) Madge Pouch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28
year 1942 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 16, 1942, to April 28, 1942
that I last saw him alive on April 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Due to Arterio-sclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) hypertension

Major findings: _____
Of operations _____
Of autopsy _____

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 J. P. Turner (M. D. or other) J
Address Steele, Mo. Date signed 4-29-42

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

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RECEIVED

District Health Officer No. 10

District File Number 6-42-1274

Date JUN - 9 1942

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.....

Mr....., Registered Apprentice No.....
working under my personal supervision.

Signed E Hayes
Licensed Embalmer No 1437
P. O. Address Shebina, 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.