

FILED JUL 13 1942

Registration District No. 308

Primary Registration District No. 3026

Registrar's No. 120

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 Cherry Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Noel Girdner Wood

3. (b) If veteran, name war _____ 3. (c) Social Security No. 495-07-3468

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Wood 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased Jan. 1912
(Month) (Day) (Year)

8. AGE: Years 30 Months 5 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Swift & Company

11. Industry or business Packers

12. Name R. J. Wood

13. Birthplace Newtown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nora Girdner

15. Birthplace Princeton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Wood

(b) Address Chillicothe, Missouri

17. (a) Edgewood (b) Date thereof 7-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe Mo.

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) JULY 6 1942 (b) Low Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1942 hour 8:40 minute _____ P.M.

21. I hereby certify that I attended the deceased from March 10, 1942 to July 4, 1942
that I last saw him alive on July 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancerous Tumor of Brain Duration 1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 546

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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature R. J. Brennan (M. D. or dentist)

Address Chillicothe, Mo Date signed July 6 1942

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

OCT 30 1946

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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.....

E. R. Norman

Registered Apprentice No.....

working under my personal supervision.

Signed

ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.