FILED JUL 15 1942

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

21833
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan — Registration District No. 1476
(b) Township Haw Creek — Primary Registration District No. 5793 — Registered No. 19
(c) City Stover — (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Wanda Rose Wood
(a) Residence, No. Morgan Co Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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) Mar 14 1942
7. AGE — YEARS 0 — MONTHS 2 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ✓
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) (STATE OR COUNTRY) St Jos Hospital Boonville Mo

FATHER
13. NAME Homer W Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barnett Mo

MOTHER
15. MAIDEN NAME Eula E Hayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

17. INFORMANT (ADDRESS) Homer W Wood Stover Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Big Rock Cem DATE June 3 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Friends
20. FILED June 3 47 19 Henry Kipp Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1942
22. I HEREBY CERTIFY, That I attended deceased from June 2, 1942, to June 2, 1942
I last saw her alive on June 2, 1942 Death is said to have occurred on the date stated above, at 10a m.
The principal cause of death and related causes of importance were as follows:
Influenza — Date of onset 5/26 42
33a
Other contributory causes of importance: Premature birth
Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? No
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) Chas A West, M. D.
(Address) Stover Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

SOM-1-12-38 I X14028

7-42-799
7-14-43

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 .....,

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.