V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -7 1943

Registration District No. 264

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4395

41502
State File No.
Registrar's No. 20

77
0
0

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

1. **PLACE OF DEATH:**
(a) County: Ozark
(b) City or town: Gainesville
(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: (Specify whether years, months or days)
In this community: 80 years

2. **USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Ozark 77
(c) City or town: Gainesville 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Nancy Jane Wood
3. (b) If veteran, name war:
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: Henry Wood
6. (c) Age of husband or wife if alive: 28 years
7. Birth date of deceased: May (Month) 28 (Day) 1854 (Year)
8. AGE: Years 88, Months 8, Days 12; If less than one day: hr. min.
9. Birthplace: Marshfield (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Henry Sanders
13. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name: Rhoda Rice
15. Birthplace: unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Rhoda Leytoe
(b) Address: Gainesville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Gainesville Cemetery
18. (a) Signature of funeral director: Clickingbeard Fu Home
(b) Address: Gainesville, Mo.
19. (a) 12-13-42 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 11 year 1942 hour 3 minute 3:45 P.M.
21. I hereby certify that I attended the deceased from Dec 10, 1942 to Dec 11, 1942, that I last saw her alive on Dec 11, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	3 days
Due to: Flue	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 330	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: P. E. Bushong (M. D. ~~or other~~)
Address: Gainesville Date signed: Dec 13-42

1008

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-10
Date Filed JAN 6 1945

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 W B Lutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville 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.