. No. 2
—5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5812

State File No.

Primary Registration District No. 3006-51-200

Registrar's No. 40

1. PLACE OF DEATH:

(a) County: Boone

(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo. 20 Days (Specify whether years, months or days)

In this community 3 Months - 20 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone

(c) City or town: Hallsville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME: FANNIE 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: Andrew J. Wood

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: 9 - 8 - 1867 (Month) (Day) (Year)

8. AGE: Years 75 | Months 5 | Days 11 | If less than one day hr. min.

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

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Morgan Elliott
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Maggie Via
15. Birthplace: / Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Emma Archer
(b) Address: Hallsville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Centralia, Mo.

18. (a) Signature of funeral director: Archer Funeral Service
(b) Address: Columbia, Mo.

19. (a) 2-21-43 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

1200

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19 year 1943 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1942 to Feb 19, 1943, that I last saw her alive on Feb 19, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis. Senility	5 yrs.
Due to: Fracture neck Rt femur	Nov 1, 42
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: none

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): accident
(b) Date of occurrence: 11-1-42 8 AM
(c) Where did injury occur? None (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: Dudley Robert (M. D. or other) MD
Address: Columbia Mo. Date signed: 2-20-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3413

P. O. Address Omaha,

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.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5812

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone Co-Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mo - 20 days (Specify whether
In this community 3 mos — 20 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Hallsville
(If outside city or town limits, write "RURAL")
(d) Street No. — —
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Fannie Wood
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept - 8 - 1867 (Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 10 If less than one day ..... min.

9. Birthplace ..... (City, town, or county) Mo (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1943 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19 ..... to ..... 19 ..... ;
that I last saw h ..... alive on ..... 19 ..... ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	5 yrs
Senility	
Fracture neck of femur	Nov 1-42
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186a
18

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) accident
(b) Date of occurrence Nov. 1st 1942
(c) Where did injury occur? Hallsville (City or town) Boone (County) Mo (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
Fell from Back Porch in Home (Specify type of place)
While at work? yes (e) Means of injury Falling
23. Signature Dudley Robnett (M. D. or other)
Address Columbia Mo Date signed M. D.

SUPPLEMENTARY