

LED MARK 128
Registration District No. 310

Primary Registration District No. 2000

State File No. _____
Registrar's No. 152

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours.
(Specify whether
In this community 16 hours.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 104
(a) State Missouri (b) County Stones
(c) City or town Crane 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Janet Beth Wood.
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 15
year 1943 hour 12:12 minute PM

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife none 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February 8 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-14-43, 1943, to 2-15, 1943
that I last saw h.w. alive on _____, 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years ✓ 1 Months 0 Days 7
If less than one day
hr. _____ min. _____

Immediate cause of death
Meningitis (Influenzal) 2d
Due to Influenza bacillus

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

Other conditions 33f
(Include pregnancy within 3 months of death)

10. Usual occupation Child.

11. Industry or business _____
MOTHER FATHER {
12. Name Harold O Wood
13. Birthplace Crane Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Madeline Gray
15. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Harold O Wood.

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? _____

(b) Address Crane Missouri.

17. (a) Removal (b) Date thereof 2/15/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane MO

18. (a) Signature of funeral director Harold Wood

(b) Address Crane Mo.

19. 2-15-43 (b) H. W. Wood
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury 0

23. Signature Hubert Busch (M. D. or other)
Address Springfield Mo Date signed 2-15-43

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, fact should be so stated above.

X