V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21676

Registration District No. [illegible]7

Primary Registration District No. 3028

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 0

(c) City or town Rural - Mineral Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2, Jasper,
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME POLLY ANN WOOD

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex ~~Male~~ Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Otis L. Wood

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased November (Month) 9 (Day) 1898 (Year)

8. AGE: Years 44 Months 7 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Jasper County, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Tom Bugher
13. Birthplace X (City, town, or county) Kansas 1 (State or foreign country)

MOTHER
14. Maiden name Fannie Gedeon
15. Birthplace X (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Otis L. Wood
(b) Address Route #2, Jasper, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) June 21 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 year 43 hour 7 minute 41 9 M.

21. I hereby certify that I attended the deceased from 6-19-43, to 6-20-43, 19..., that I last saw her alive on 6-20, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized peritonitis	10 days
Due to Ruptured gall bladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

127 fl

Major findings:
Of operations
Of autopsy Ruptured gall bladder belly full of pus, general peritonitis

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 [signature] (M. D. or other) DO

Address Elba Mo Date signed 6-20-43

1203 (Licensed Embalmer's Statement on Reverse Side)

43-6561

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. 2222

P. O. Address Carthage, 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.