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 DEC 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39348

Registration District No. 352 | Primary Registration District No. 6193 | Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Tanny.
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Near Protem. Mo
(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: Several Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Tanny
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Near . Protem. Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Clara. Josephine. Wood
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 16. th. (Day) 1870 (Year)
8. AGE: Years 73 | Months 2 | Days 28 | If less than one day: hr. min.
9. Birthplace: Louisville. (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: Housekeeper
11. Industry or business:
12. Name (Father): Wm. Moore
13. Birthplace (Father): Louiseville. (City, town, or county) Ky. (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Hazel Tine
(b) Address: Cedar Creek Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 15 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Protam. Cemetery
18. (a) Signature of funeral director: McClure. Funeral. Home
(b) Address: Gainesville MO
19. (a) Nov 1. 1943 (Date received local registrar) (b) Mary Muller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14. th year 1943 hour 9.10 minute A M.
21. I hereby certify that I attended the deceased from Oct 13th, 1943, to Oct 14th, 1943, that I last saw her alive on Oct 13th, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Haemorrhage - Stroke — 2 days
Due to: High Blood Pressure — Doubtful
Due to:
Other conditions (Include pregnancy within 3 months of death):
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: Harry T. Evans (M. D. or other) M.D.
Address: Branch, Mo. Date signed 10/18/43

(Licensed Embalmer's Statement on Reverse Side)

1106

RECEIVED
District Health Officer No. 6,
District File Number 1143-1284
Date Filed NOV 30 1943

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Greenville C. M

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.