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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10410

FILED MAR 27 1944

Registration District No. 3006 Primary Registration District No. 3006 Registrar's No. 76

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: no /
(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: 3 mo

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1519 Windsor
(If rural, give location)

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

If yes, name country: X

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3. (a) PRINT FULL NAME: Permelia Frances Wood

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: George W Wood

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

7. Birth date of deceased: June (Month) 24 (Day) 1868 (Year)

8. AGE: Years 75 Months 7 Days 29 If less than one day hr. min.

9. Birthplace: Corsicana (City, town, or county) Mo (State or foreign country)

10. Usual occupation: House wife

11. Industry or business: " "

FATHER
12. Name: Wm J Farley
13. Birthplace: Ky or Tenn / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Parmelia A. Kelley
15. Birthplace: Dont Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Frank Wood

(b) Address: Columbia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 26-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: R. Lawrence

(b) Address: Columbia Mo

19. (a) Feb 24 '44 (Date received by Registrar) (b) Edna H Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febry day 23rd year 1944 hour 8 57 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1944 to Feb 23rd 1944 that I last saw her alive on Feb 23rd 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis

Due to: Chronic Brights

Due to:

Other conditions (Include pregnancy within 3 months of death): 131 P

Major findings: Of operations:

Of autopsy:

Duration

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: Lloyd Simpson (M. D. or other)

Address: 506 Cherry St Date signed 2-24-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3-23-44

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 R Purcell

Licensed Embalmer No. 3183

P. O. Address Columbia 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.