S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33875

State File No.

Registration District No. 47

Primary Registration District No. 4068-5171

Registrar's No. 343

1. PLACE OF DEATH:

(a) County CALLAWAY

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

(c) Name of hospital or institution: RURAL St Antoine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community hi Fe
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY

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

(d) Street No. R.F.D. #1
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SAMANTHA ANN WOOD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHN WOOD

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

7. Birth date of deceased Oct. (Month) 4 (Day) 1863 (Year)

8. AGE: Years 81 Months 0 Days 9 If less than one day hr. min.

9. Birthplace CALLAWAY CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business

FATHER
12. Name Lemuel LAWRENCE
13. Birthplace CALLAWAY CO. (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name MARGARET BERRING
15. Birthplace (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant MRS MARY FURLONG
(b) Address MOKANE, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 17 1944 (Month) (Day) (Year)

(c) Place: burial or cremation BURDETT CEMETERY

18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.

19. (a) 10-17, 1944 (Date received local registrar) (b) Josie Morris Hoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 14 year 1944 hour 4 minute 30 a M.

21. I hereby certify that I attended the deceased from 12-17, 1943 to 10-13, 1944 that I last saw her alive on 10-13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis & Chronic Bronchitis

Due to

Due to

Other conditions Chronic Cystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 7 hrs several years

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 W O Payne (M. D. or other)

Address R#6 Fulton Date signed 10-16-44

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1944

1944

NOV 16 1944

JAN 24 1945

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 Glen Y. Mauzey

Licensed Embalmer No. 8725

P. O. Address Fulton, 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.