

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34811

State File No. _____

FILED OCT 17 1944
Registration District No. _____

Primary Registration District No. 5779

Registrar's No. 48

1. PLACE OF DEATH:

(a) County. MILLER
(b) City or town. ELDON
(If outside city or town limits, write "RURAL" and name of township)
Rural Franklin
(If not in hospital or institution, write street number or location)
(c) Name of hospital or institution.
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. MILLER 66
(c) City or town. ELDON "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. FOURTH TOWNSHIP 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No).
If yes, name country _____

3. (a) PRINT FULL NAME MINIRVIA ADELINE WOOD

3. (b) If veteran. No name war _____
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. JOSEPH
6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. SEPT 11 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 20 hr. _____ min.

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

10. Usual occupation. HOUSEWIFE

11. Industry or business. _____

12. Name. WILLIAM S. COTTEN

13. Birthplace. MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name. ELIZA C. WILCOX

15. Birthplace. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Geo. Wood

(b) Address. ELDON, MO.

17. (a) BURIAL (b) Date thereof. 10-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. KEMP VAUGHAN CEM.

18. (a) Signature of funeral director. James D. Phillips
(b) Address. ELDON, MO.

19. (a) 10-3-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct day. 1
year. 1944 hour. 9 minute. a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the _____ date and hour stated above.

Immediate cause of death. Skull fracture
Right leg broken -
Due to automobile
collision -
Due to _____

Other conditions. 1706-8
(Include pregnancy within 3 months of death)

Major findings: h2
Of operations _____
Of autopsy. None

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). Accident

(b) Date of occurrence. 10-1-44

(c) Where did injury occur? ELDON, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or in public place?
State Highway 54 - near Eldon, MO
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature. [Signature]
Address. Iberia, MO Date signed. 10-1-44

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

1114

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Miller County Health Dept

County File Number 44-74

Date Filed 10-11-44

OCT 17 1944

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.....

Louis D Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D Phillips
Licensed Embalmer No. 3663
P. O. Address Beacon

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.