

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37455

State File No.

Registrar's No.

FILED DEC 12 1944

Primary Registration District No. 4108

1. PLACE OF DEATH:

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

3. (a) PRINT

FULL NAME Laura May Wood

3. (b) If veteran,

name war XX

3. (c) Social Security

No. XXX

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife C. W. Wood 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Feb. 12, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 10 XXXXX min.

9. Birthplace Cedar Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

12. Name Richard Younger
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Charity Spencer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Wood
(b) Address Stockton, Missouri

17. (a) Burial (b) Date thereof 11-23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pankey Cemetary

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address STOCKTON, MISSOURI

19. (a) 11-29-44 (b) Mrs Ethel Church
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR 20
(c) City or town STOCKTON, MISSOURI 0
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XX 1)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1944 hour 8: minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-20, 1944, to 11-22-1944
that I last saw her alive on 11-21-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 3 da

Due to
Due to

Other conditions. 94a
(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? (Specify type of place) Means of injury.

23. Signature Wm B. Richter (M. D. or other)
Address Stockton, Mo. Date signed 11-22-44

Order No. 71
11-4-1329
Date Filed 12-8-44

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address. Stockton 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.