

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41860**

FILED DEC 28 1944

Registration District No. **2**

Primary Registration District No. **5922**

Registrar's No. **409**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Beaman (Rural) Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Brookie Lorene Wood**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married **married**
6. (b) Name of husband or wife **Earl Wood** 6. (c) Age of husband or wife **48** years
7. Birth date of deceased **11 - 30 - 1896**
(Month) (Day) (Year)

8. AGE: Years **48** Months **14** Days **hr. min.**

9. Birthplace **Horton Morgan Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **William Dole**
13. Birthplace **Copper Co Mo** (City, town, or county) (State or foreign country)
14. Maiden name **Edith Wood**
15. Birthplace **Copper Co Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Earl Wood**
(b) Address **Beaman Mo**

17. (a) **Burial** (b) Date thereof **12-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salmon - Beaman Mo**

18. (a) Signature of funeral director **A.F. Neumeyer**
(b) Address **Smithton Mo**

19. (a) **12-15-44** (b) **Dr. Omer Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Pettis Co. Rural** (If outside city or town limits, write "RURAL")
(d) Street No. **None** (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **14**
year **1944** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Dec 10** 1944, to **Dec 14** 1944.
that I last saw her alive on **Dec 12** 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Hemorrhage** Duration **2 days**

Due to

Due to

Other conditions **Fluid in lungs**
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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) **None**
(b) Date of occurrence **Nov. 1944**
(c) Where did injury occur? **None** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **None**

23. Signature **Dr. H. L. Holden** (M. D. or other) **Dr. C.**
Address **229. S. Main St. City** Date signed **12/15/44**

1022 (Licensed Embalmer's Statement on Reverse Side) **Edith, Mo**

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

-150
12/28/44

DEC 28 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3912

P. O. Address Smithton 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.