

5-42
5-17-39
X32873

FILED JAN 10 1945

State File No. _____

Registration District No. 274

Primary Registration District No. 5929

Registrar's No. 397

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Houstonia Rural
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Houstonia Rural
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lary Dee Wood

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased July 3 1944 (Month) (Day) (Year)

8. AGE: Years _____ Months 4 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Murray P Wood

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

14. Maiden name Ruth Calvin

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

16. (a) Informant J. T. Wood
(b) Address Sweet Springs Mo

17. (a) burial (b) Date thereof Nov 28 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Chapel

18. (a) Signature of funeral director Spullbrook
(b) Address Houstonia Mo

19. (a) 12-13-44 (Date received local registrar) (b) Dr. Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1944 hour 10:30 P minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death undetermined from history probably Bronchial pneumonia
Due to _____

Due to _____

Other conditions 107 (include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____

Where did injury occur? _____ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. T. Bishop (M. D. brother) _____ Address Sedalia Mo Date signed 11-27-44

Duration _____ Underline the cause to which death should be charged statistically.

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

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723W7

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-5-45

Handwritten scribbles

Handwritten scribbles

Handwritten scribbles

Handwritten scribbles

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.....

H. W. Smiley

Licensed Embalmer No. 3987

P.O. Address Houston

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: