

FILED FEB 13 1945

Registration District No. 47

Primary Registration District No. 4508

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Salena Washington
(If outside city or town limits, write "RURAL" and name of township)
(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 1
In this community About 3 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone 104
(c) City or town Salena Washington
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country it

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1945 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
Due to Pericarditis
Duration 6 days

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: 93d
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature A. P. Crum (M. D. or other)
Address Crane Mo Date signed 1-16-45

3. (a) PRINT FULL NAME Margaret Wood

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

4. Sex F 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. H. Wood 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Oct 13 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John Lagan
13. Birthplace unknow (City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace unknow (City, town, or county) (State or foreign country)

16. (a) Informant H. H. Woods
(b) Address Salena, Mo.

17. (a) Burial (b) Date thereof Jan 18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Eisenham Cemetary

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Salena Mo.

19. (a) Jan. 16-45 (b) Bladys Cheatham (Registrar's signature) Date received local registrar _____

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

460

1172

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 not _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Ereth J. Cheatham
Licensed Embalmer No. 3870
P. O. Address Salena, 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.