

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16511

State File No. _____

FILED JUN 9 1945

Registration District No. 7775

Primary Registration District No. 3008

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Hutton

(c) Name of hospital or institution State Hospital No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 7 m 20 d 7 m 20 d
(Specify whether years, months or days) (Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 14

(c) City or town Bowling Green Rural 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edwina Wood

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1945 hour 6:30 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5-24-1945 to 5-31-1945
that I last saw her alive on 5-31-1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced WTC

6. (b) Name of husband or wife Benjamin Wood

6. (c) Age of husband or wife if alive WTC years

7. Birth date of deceased Jan 28 1863
(Month) (Day) (Year)

Immediate cause of death Broncho Pneumonia

Due to Atherosclerosis

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 82 Months 4 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Monroe Co Mo D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Holton

13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Kampher

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof May 31-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace Mo

18. (a) Signature of funeral director Paul Trotter

(b) Address Waukegan Mo

19. (a) 31-1945 (b) Joan Mosekoff
(Date received local registrar) (Registrar's signature)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy _____

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) (c) Means of injury

23. Signature R.E. Sherrill M.D. (M. D. or other)

Address Hutton Mo Date signed 5/31-45

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

14
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-7-45

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 DWS Waters

Licensed Embalmer No. ~~2332~~ 429

P. O. Address Wendalia 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.