

FILED JUN 11 1945

Registration District No. **272**

Primary Registration District No. **3044**

Registrar's No. **24**

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

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(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 none
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. East Third St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME

Darlene Fay Wood

3. (b) If veteran, name war ✓

(c) Social Security No. ✓

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. none
6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May 11, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 hours 20 hr. no min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name Clayde Wood

13. Birthplace Stone Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lady Ross

15. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clayde Wood
(b) Address Eldon Mo

17. (a) Burial (b) Date thereof May 13, '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dooley Cem

18. (a) Signature of funeral director Buried by Family
(b) Address Clayde Wood Eldon Mo
(c) 5-14-45 (d) H. Spearman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1945 hour 11 minute A M.

21. I hereby certify that I attended the deceased from May 11
1945 to May 12 1945
that I last saw her alive on May 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to _____
Due to _____

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

Major findings: Of operations 59
Of autopsy 15

Duration _____
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 5

23. Signature G. D. Walker (M. D. or other) MD
Address Eldon Mo Date signed 5/14/45

RECEIVED

Miller County Health Dep't.

County File Number 45-51

Date Filed 6-4-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.