. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37299

State File No.

FILED NOV 16 1945

Registration District No. 132

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40

(c) City or town Trenton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 913 Grant 0
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME ESTER IRENE WOOD

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Joseph B Wood

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February (Month) 15 (Day) 1888 (Year)

8. AGE: Years 57 Months 8 Days 4 If less than one day ___ hr. ___ min.

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

10. Usual occupation House wife

11. Industry or business Home

FATHER
12. Name Casville Sharpe
13. Birthplace Darkcounty (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary J. Mann
15. Birthplace Tazwell Co. (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant X Hansel P. Wood
(b) Address 202 De Bolt St Trenton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bunio Masonic

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Trenton, Missouri

19. (a) 10-22-45 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1945 hour 5:40 minute a.M.

21. I hereby certify that I attended the deceased from about 2 years, 19__;
that I last saw h. in alive on Oct 19, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Breast	3
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 50	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. Duffy (M. D. or other)

Address Trenton Mo Date signed Oct 20 1945

1401 (Licensed Embalmer's Statement on Reverse Side)

JAN 21 1947

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, fact should be so stated above.