

No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 22 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12079
State File No.

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 108

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Kirkville
(d) Street No. 616 W. Dodson
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Mattie Ellen Wood
(b) If veteran, name war
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 19 year 1946 hour 3:00 minute PM

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced single
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 20, 1854

21. I hereby certify that I attended the deceased from Mar 19, 1946 to Mar 19, 1946 that I last saw her alive on Mar 19, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 4 Days 0 If less than one day _____ hr. _____ min.

Immediate cause of death apoplexy
Due to Old age

9. Birthplace Geneva, Ind.
10. Usual occupation Stenographer

Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy no

MOTHER FATHER
11. Industry or business _____
12. Name Archibald Wood
13. Birthplace Ind.
14. Maiden name Laura Becker
15. Birthplace Ind.

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. Albert Bartlett
(b) Address Kirkville, Mo.
17. (a) Burial Green Top, Mo. (b) Date thereof 3-21-46
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Kate Lambert
(b) Address Kirkville, Mo.
19. (a) 4-2-46 (b) Kate Lambert

23. Signature L. J. Cameron (M.D. or other) _____
Address Kirkville Date dictated 4/12/46

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

1946

RECEIVED

District Health Officer No. 10

District File Number 4-46-800

Date Filed APR 19 1946

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 Bowden Beatty

Licensed Embalmer No. 4379

P. O. Address Kirkville, 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.