

FILED JUL 15 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 89

1. PLACE OF DEATH

(a) County Jasper
(b) City or town West City
(c) Name of hospital or institution: 606 N. MAIN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town West City
(d) Street No. 606 N. Main
(e) Citizen of foreign country? NO
If yes, name country

3. (a) PRINT FULL NAME

Maureen J. 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, or separated Married
6. (b) Name of husband or wife Edward Wood
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb 10 1865

8. AGE: Years 81 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business At Home

MOTHER FATHER
12. Name James H. Davis
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Mullinger
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Maureen J. Wood

(b) Address West City MO

17. (a) (b) Date thereof June 10 1946

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) JUNE 10; 46 (b) (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 9:45 minute A.M.
21. I hereby certify that I attended the deceased from 1-12-46 to 5-6-46
that I last saw her alive on 5-12-46 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?
(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

Signature Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46-6-512

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 myself
....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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.