No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1946

State File No. 24658

Registration District No. 292 Primary Registration District No. 6001 Registrar's No.

1. PLACE OF DEATH:
(a) County RALLS
(b) City or town HUNTINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Huntington Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County RALLS
(c) City or town HUNTINGTON
(If outside city or town limits, write "RURAL")
(d) Street No. HUNTINGTON MO
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARA NEVILA WOOD
3. (b) If veteran, name war
3. (c) Social Security No. NONE.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Montrie Wood
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased APRIL (Month) I3 (Day) 1881 (Year)

8. AGE: Years 65 Months 0 Days I8 If less than one day hr. min.

9. Birthplace MACON COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name JACOB ARISMAN
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Beatty
15. Birthplace MACON COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Jamon Wood
(b) Address HUNTINGTON MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Steel Cemetery Macon Co Mo
18. (a) Signature of funeral director Wilson & Sons.
(b) Address MONROE CITY, Mo
19. (a) 5/3/46 (Date received local registrar) (b) Clyde E. Wilson (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1946 hour 9 minute 30P A.M.

21. I hereby certify that I attended the deceased from May 1, 1946 to May 1, 1946, that I last saw her alive on May 1, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL HEMORRHAGE	2 HRS.
Due to: Hypertensive Heart Disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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 Harold F. Eads (M.D. or other) D-O.
Address Monroe City - Mo Date signed 5-3-46

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

RECEIVED
District Health Officer No. 10
District File Number 7-46-1380
Date Filed JUL 15 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 me

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

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 314

P.O. Address Monroe Wis

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.