

DEPARTMENT OF COMMERCE
FILED NOV 13 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36726

State File No. _____

Registration District No. 126

Primary Registration District No. 5463

Registrar's No. _____

1. PLACE OF DEATH: Fair Grove
 (a) County: Green county
 (b) City or town: Fair Grove, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street address and location)
 (d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Fair Grove
 (a) State: Mo. (b) County: Miller
 (c) City or town: Richland
 (If outside city or town limits, write "RURAL")
 (d) Street No.: Rural (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME: DAISY DELL Wood
 3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 5
 year 1946 hour 1 minute _____ M.
 21. I hereby certify that I attended the deceased from October 28
1946 to Nov 4 1946
 that I last saw her alive on Nov 4 1946
 and that death occurred on the date and hour stated above.

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: widow
 6. (b) Name of husband or wife: 3 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: 8 3 1885
 (Month) (Day) (Year)

Immediate cause of death: Lobar Pneumonia
 Duration: 4 days
 Due to: _____
 Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

8. AGE: Years 64 Months _____ Days _____ If less than one day hr. _____ min. _____

PHYSICIAN
 Major findings: _____
 Of operations: 108
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

9. Birthplace: MARIS Co Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation: House wife
 11. Industry or business: _____
 12. Name: John W Doyle
 13. Birthplace: MARIS Co Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name: Josephine Maysia
 15. Birthplace: MARIS Co Mo.
 (City, town, or county) (State or foreign country)
 16. (a) Informant: Mary A Teagle
 (b) Address: Richland, Mo
 17. (a) Bloodland (b) Date thereof: Nov 7 - 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Bloodland
 18. (a) Signature of funeral director: R. B. Teagle
 (b) Address: Richland, Mo
 19. (a) Nov 5 1946 (b) Mrs. Porter O Bell
 (Date received local registrar) (Registrar's signature)

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: 2
 23. Signature: Thayer Bonnard (M. D. or other) 80
 Address: Fair Grove Date signed: 11/5/46

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 46-11-118

Date Filed 11-16-46

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 [Signature]
Licensed Embalmer No. 3198
P. O. Address [Address]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.