

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 28 1946

Registration District No. 157

Primary Registration District No. 5587

Registrar's No. 238

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town rural - Preston Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carthage Route 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 64 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 41

(c) City or town Carthage 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Asenath 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

6. (b) Name of husband or wife: James Presley Wood

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: January 27 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business ----

12. Name Laban C. Davis

13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Martha V. Largent

15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jas. P. Wood

(b) Address Route 2, Carthage, Mo.

17. (a) burial (b) Date thereof Nov 22, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Mo.

19. (a) 11-21-46 (b) H. B. Clenton M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1946 hour 10 minute a M.

21. I hereby certify that I attended the deceased from Oct. 1st, 46, 19____, to 11--20--46, 19____;
that I last saw h. er alive on 11--18--46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Block

Due to Coronary Artery Disease.

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? _____ (City or town) (County) (State)

(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 _____

23. Signature W. H. Knott M.D. (M. D. or other)
Address Jasper, Mo. Date signed 11-28-46

46-11-935

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..... *Frank W. Kull Jr*

Licensed Embalmer No. *4440*

P. O. Address..... *Carthage*

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.