

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUL 27 1947

Registration District No. 27

Primary Registration District No. 4411

State File No.

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Wood

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hayden Wood

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug 19- 1912
(Month) (Day) (Year)

8. AGE: Years 34 Months 9 Days 29
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name C. C. Teague

13. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Helena Whiteside

15. Birthplace Lincoln Co - Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hayden Wood

(b) Address Bowling Green

17. (a) Burial (b) Date thereof June 20 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia Cemetery

18. (a) Signature of funeral director N. E. Gasch

(b) Address Eolia Mo

19. (a) June 20 1947 Bill Robinson
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike ⁸²

(c) City or town Bowling Green Mo
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 1st 1946 to June 18th 1947; that I last saw him alive on June 17th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the bowel.

Due to

Due to

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of the bowel

Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. B. Ryan M.D. (M. D. or other)

Address Springfield Mo Date signed 6/18/47

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

MOTHER FATHER

JUL 8 1947

RECEIVED JUL 8 1947
District Health Officer No. 10
District File Number 6:47-727
Date Filed JUN 25 1947

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia 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.