

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X35671

FILED OCT 20 1947

Registration District No. **275**

Primary Registration District No. **3053**

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

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: 1
(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) 5 hrs

In this community _____

3. (a) PRINT FULL NAME I John 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 Single

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased October 8 1947
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>0</u>	<u>5 hr. 0 min.</u>

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

10. Usual occupation At home

11. Industry or business _____

12. Name James E. Wood

13. Birthplace St. James Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lula Stalk

15. Birthplace Cuba Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES E WOOD

(b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof Oct 10 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Smith-Holloway
(b) Address Rolla, Mo.

19. (a) 10-10-47 (b) Nadine L. Stalk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

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

(d) Street No. 1600 Spencer
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1947 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-8
_____, 1947 to 10-8, 1947
that I last saw her alive on 10-8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Duration 4 hrs.

Due to _____

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 0

23. Signature E. E. Feind (M. D. or other) _____

Address Rolla, Mo. Date signed 10-9-47

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.....

Was not embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. *3643*.....

P. O. Address *Reh, 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.