

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 476
Registrar's No. 14

Registration District No. 33

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
605 Independence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in either
(Specify whether)

In this community about 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girarde.

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

(d) Street No. 605 Independence
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William L. Wood

3. (b) If veteran, name war World War #1

3. (c) Social Security No. ---

4. Sex M 5. Color or race W

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 Feb. 24, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 10 20 hr. min.

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

10. Usual occupation proprietor rooming house

11. Industry or business _____

12. Name William L. Wood

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

14. Maiden name Mary E. Ash

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

16. (a) Informant Pete Wood Pete Wood

(b) Address RFD # 2 Cape Girardeau Mo

17. (a) Burial (b) Date thereof 1/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount

18. (a) Signature of funeral director [Signature]

(b) Address Cape Girardeau Mo

19. (a) 1-14-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14
year 1948 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from Jan 14 - 14
1948 to Jan 14 - 14 1948
that I last saw him alive on Jan 14
and that death occurred on the date and hour stated above.

Immediate cause of death Crown
rupture

Due to _____

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 [Signature] (M. D. or other) _____

Address Cape Girardeau Date signed 1-14-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

FEB 24 1948

FEB 26 1948

Health Officer No. 4
File Number 148-87
Date Filed 1-19-48

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.....

working under my personal supervision.

Registered, Apprentice No.

Signed

A. J. Long

Licensed Embalmer No. 3810

P. O. Address. Cape Girardeau

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.