No. 2
5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28556

FILED AUG 19 1948

Registration District No. 22 Primary Registration District No. 2071 Registrar's No. 25

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Slater
(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: none
In this community: 75 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline 97
(c) City or town: R.F.D. Slater
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Susie Frances Wood
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 3rd (Day) 1860 (Year)

8. AGE: Years 87 | Months 10 | Days 5 | If less than one day: hr. min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business:
FATHER 12. Name: Jefferson Worrell
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Jane Baker
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ernest Brummitt
(b) Address: Slater, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-10-'48 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater, Mo.
18. (a) Signature of funeral director: HILL BROTHERS
(b) Address: Slater, Mo.
19. (a) Aug. 10-48 (Date received local registrar) (b) Mrs. Earl C. Metz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1948 hour 4 minute 45 a.m.
21. I hereby certify that I attended the deceased from July 27 1948 to Aug 7 1948 that I last saw her alive on Aug 7 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hyper Stales Pneumonia	12 hrs
Due to: Ch. Cholecystitis	?
Due to: Chr. Myocarditis	10 yrs.
Other conditions (Include pregnancy within 3 months of death): Nausea	
Major findings: Of operations: 9-3-2	
Of autopsy: Negative	

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): No
(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:
23. Signature: W. E. Lockwood (M. D. or other)
Address: Slater Mo Date signed: 8-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-18-48.

NOV 30 1948

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 Guy F. Hays Jr., Registered Apprentice No. 88, working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slaton

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.