

FILED OCT 20 1948

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 149

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
allens Nursing Home 4
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 1 year (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sara E. Wood
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 1- 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
12. Name Mrs M. Jones
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Todd
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs S S Blatter

(b) Address Mexico Missouri

17. (a) Burial (b) Date thereof 10 19 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwood, Mexico Mo

18. (a) Signature of funeral director Edward Jones

(b) Address Mexico Missouri

19. (a) 10/9/48 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrain 4
(c) City or town Mexico (If outside city or town limits, write "RURAL") 2 3
(d) Street No. 319 E. Bolivar (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1948 hour 6 minute 10A-M.

21. I hereby certify that I attended the deceased from August 15 1946 to Oct 8 1948
that I last saw her alive on October 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
due to perthitia, anemia and general infirmities 7 yrs
Duration 10 days
Due to perthitia, anemia and general infirmities 7 yrs 5 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
59B

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 H. Kallenberg (M. D. or other)
Address Mexico Mo Date signed 10-8-48

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

OCT 20 1948

RECEIVED
District Health Officer No. 10
District File Number 10,48,1810
Date Filed OCT 19 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.....

Charles J. Reed....., Registered Apprentice No. 210
working under my personal supervision.

Signed W. C. Arnold.....

Licensed Embalmer No. 3569.....

P. O. Address W. C. Arnold.....

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.