S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35271

FILED NOV 6 1948

Registration District No. 24

Primary Registration District No. 3072

Registrar's No. 222

17
1
2

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 568 South English 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 568 South English 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Dona Marshall Wood

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Walter D. Wood

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

7. Birth date of deceased February (Month) 17th (Day), 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	24	..... hr. ..... min.

9. Birthplace Saline County, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Richard Marshall
13. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Reynolds
15. Birthplace Cooper County, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lilian Herbst
(b) Address 568 S. English, Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Napton, Mo.

18. (a) Signature of funeral director Campbell-Lowe
(b) Address Marshall, Mo.

19. (a) Oct 15-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 585

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th
year 1948 hour 9 minute A M.

21. I hereby certify that I attended the deceased from May 1 1947 to Oct 14 1948
that I last saw her alive on Oct 13 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Ileus	6 days
Due to	
Due to Arterial Sclerosis	6 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 97	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address Marshall Mo. Date signed 10/14/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-5-48

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~~ James H. Lewis Jr., Registered Apprentice No. 263 working under my personal supervision.

Signed R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.