No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37380

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 50

1. PLACE OF DEATH:
(a) County Marion Co.
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Liberty Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Mo~~ Ill (b) County Madison 999
(c) City or town Granite City 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2447 Delmar 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAUDIE WOOD
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm H Wood
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. 28 - 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	6	27	hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation Housework 1
11. Industry or business
FATHER
12. Name GEO. WHEELOCK
13. Birthplace ILL. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name DELLA HODGSON
15. Birthplace ILL (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs Emma Brown
(b) Address 433 N 6 Quincy Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy Ill
18. (a) Signature of funeral director E. J. Sprague
(b) Address Palmyra Mo.
19. (a) 11/24/48 (Date received local registrar) (b) Viola Geer (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 24
year 1948 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from 24 November 1948, 19, to 24 November, 1948;
that I last saw her ~~alive on~~ dead on arrival, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dead on arrival. apparently a skull fracture following trauma.	
Due to Trauma	
Due to	
Other conditions no others known (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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) Automobile accident.
(b) Date of occurrence 24 November 1948 64
(c) Where did injury occur North of Palmyra (City or town) Marion (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? while driving on a State Highway. (Specify type of place)
While at work? (e) Means of injury
23. Signature Wyrth Hamlin M.D. (M. D. or other) 0
Address Palmyra Missouri Date signed 24 Nov. 1948

(Licensed Embalmer's Statement on Reverse Side)

VS MAY 6 1500

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~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Eugene D. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dee

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 50

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Marion

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Granite City, Ill.
(If outside city or town limits, write "RURAL")

(d) Street No. 2447 Delmar
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Maudie Wood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 28 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Timmonsville Ill. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director E. T. Sprague
(b) Address Palmyra, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
, to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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) Accident on Highway

(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 (M. D. or other)
Address Date signed

S-37380