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

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 19 1948
Registration District No. 391

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42986
Registrar's No. 30

Primary Registration District No. 4505

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bell City
(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
In this community 34 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Edna Elizabeth Wood
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Hardin Wood
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Sept 27 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 5
If less than one day hr. min.

9. Birthplace Metropolis Ill
(City, town, or county) (State or foreign country)
10. Usual occupation House wife

11. Industry or business
12. Name Joe Bonifield
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Edna Cripp
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Havis Wood
(b) Address Bell City Mo
17. (a) Burial (b) Date thereof 8-4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston Mo

18. (a) Signature of funeral director B. Splinghoff
(b) Address Chaffee, Mo
19. (a) 11-20-48 (b) Bennett Moore
(Date received local registrar) (Registrar's signature) 21.8

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Bell City
(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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 2
year 1948 hour 00 minute 0 M.
21. I hereby certify that I attended the deceased from 1947
to 8/12 1948
that I last saw her alive on 7-26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis?
Duration
Due to 401
40

Other conditions Vascular Hypertension 2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X
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)
(2) Means of injury X
23. Signature J. G. Cline (M. D. or other)
Address Corran Mo Date signed 8/2/48

RECEIVED DEC 10

District Health Office

District File Number 249

Date Filed _____

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 Mamie Dupleinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.