

FILED DEC 17 1943  
 Registration District No. **297**

Primary Registration District No. **3057**

89

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

1. PLACE OF DEATH:  
 (a) County Ray  
 (b) City or town Richmond  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community All Her Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Wood  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Alfred W. Wood  
 6. (c) Age of husband or wife if alive \_\_\_\_\_  
 7. Birth date of deceased April 16 th. 1866.  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>7</u>	<u>9</u>	hr. _____ min.

9. Birthplace Henry Co. Kan.  
 (City, town, or county) (State or foreign country)

10. Usual occupation House Wife Keeper

11. Industry or business \_\_\_\_\_

12. Name Jack Mitchell  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Ann Shaw  
 15. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant Alfred Wood  
 (b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-43.  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunny Slope

18. (a) Signature of funeral director J. B. Brothers  
 (b) Address Richmond Mo.

19. (a) 11/26/43 (Date received local registrar)  
 (b) Mrs. Shas W. Shippert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Ray  
 (c) City or town Richmond Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Benton Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country U.S.A.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 25 year 1943 hour 1 minute 25  
 21. I hereby certify that I attended the deceased from Nov 27 to Nov 29 1943  
 that I last saw her alive on Nov 29 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 61

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 J. D. Greene (M. D. or other)  
 Address Richmond Mo. Date signed 11-26-43

RECEIVED

District Health Officer No. 8, 12-14-43

District File Number

Date Filed

12-14-43

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.....

working under my personal supervision.

*J. B. Brothers*

Registered Apprentice No.....

*Brothers Funeral Home*

Signed.....

*J. B. Brothers,*

Licensed Embalmer No.....

*3001*

P. O. Address.....

*Richmond, 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.