

USED APR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

10658  
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250

(b) Township Monroe Primary Registration District No. 2349

(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.

(e) Length of residence in city or town where death occurred 50 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Joe A. Wood

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

80 7 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Mar. 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

FATHER

13. NAME John Wesley Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

MOTHER

15. MAIDEN NAME Sarah Jane Hemry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Mrs. Russell Pettit 3521 Kercington, Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE March 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Undt. Co. Gallatin, Mo.

20. FILED March 8, 1939 H. A. Hope Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1939, to March 7, 1939

I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 1:20 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Hypertensive Carditis  
Vascular renal disease

Other contributory causes of importance:  
arterial sclerosis

Date of onset 12/1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) H. W. Bailey M. D.  
(Address) Gallatin, Mo.

WHITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 111

District File Number 39-334

Date Filed APR 12 1938

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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.....

L. O. Richesson....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. O. Richesson

Licensed Embalmer No. 5302

P. O. Address Gallatin, 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, above space should be left blank.**