

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

36417

Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 418
 (b) Township Jasper Primary Registration District No. 5572 Registered No.
 or
 (c) City Paris (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Truman H. Wood
 (a) Residence, No. Jasper Township Jasper County St. (If nonresident, give city or town and State)
 Usual place of abode, if no street address, write county or city

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no data

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1899 DAY UNKNOWN

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 ✓ ✓

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Montgomery County (STATE OR COUNTRY) Illinois

FATHER
 13. NAME J H Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Margaretta Greenwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT W.P. Wood (Brother) (ADDRESS) Medoc, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris Kansas DATE 10/13/39 19.

19. FUNERAL DIRECTOR (NAME) Hedge Wilson (ADDRESS) J. Light City Mo.

20. FILED Oct. 13, 1939 Jerry Sparks 945 (Address) Paris, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1939 to Oct 12, 1939

I last saw him alive on Oct 11, 1939 Death is said to have occurred on the date stated above, at 5:00 P.M.

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

Arterial Sclerosis (Date) onset

Other contributory causes of importance: _____

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) O. L. Alberts, M. D.
Carl Junction
Mo.

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. 6,

District File Number 11039-2350

Date filed NOV 13 1939

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.....

E. M. Hedge

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

working under my personal supervision.

Signed.....

E. M. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City

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.

(initials)