

FILED APR 8 1940

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 W. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years.
years, months or days 3 1/2

8. (a) PRINT FULL NAME WILLIAM CLYDE WOOD

8. (b) If veteran, name war ✓ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Wood 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 17 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Springfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER { 12. Name William Wood D

13. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Prima Bamber

15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Wood

(b) Address 602 W. Broadway, Webb City Mo.

17. (a) Burial (b) Date thereof 3/26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem.

18. (a) Signature of funeral director Leake Nelson

(b) Address Webb City Mo.

19. (a) MCH-25-40 (b) J. L. O'Leary M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 602 W Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1940 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on March 24-1940
and that death occurred on the date and hour stated above

Immediate cause of death Shot - left chest by a 16 gauge shot - motor shot - suicide
Due to see health

Due to _____
Other conditions ✓ (Include pregnancy within 3 months of death) 167

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy Investigation
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) suicide

(b) Date of occurrence March 24-1940

(c) Where did injury occur? Webb City Jasper Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? no (Specify type of place) (e) Means of injury gunshot

23. Signature A. W. Winchester (D. or other) 4
Address Jasper Mo. Date signed 3-24-40

RECEIVED

District Health Officer No. 6,

District File Number 440-945

Date Filed APR 4 1940

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. W. Hedge

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

working under my personal supervision.

Signed.....

E. W. Hedge

Licensed Embalmer No.....

52859

P. O. Address.....

Wells City, 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.