

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 23 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16040

Registration District No. 828 Primary Registration District No. 4501 Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Hannewell Jackson
(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 _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
(c) City or town Hannewell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES SHERRY WOOD

8. (b) If veteran, name war _____ 9. (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 Sorretta Wood 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased June 25 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Shelby Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name William Hines Wood
13. Birthplace Sullivan Tenn (City, town, or county) (State or foreign country)
14. Maiden name Nancy Tenn
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Sorretta Wood
(b) Address Hannewell Mo

17. (a) Burial (b) Date thereof 4/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospic View Cemetery

18. (a) Signature of funeral director George Givens

(b) Address Hannewell Mo

19. (a) 4/2/41 (b) Mrs Lyle Landrum
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 8 minute 22 P. M.

21. I hereby certify that I attended the deceased from Dec 14, 40
1940 to April 1 1941
that I last saw him alive on April 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Beriberi (Chronic)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
750 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature R. H. P. P. P. (M. D. or other) _____
Address Hannewell Mo Date signed 4-2-41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-854

Date Filed MAY 8 1941

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed George J. Sivan

Licensed Embalmer No. 1754

P. O. Address Hummerwell 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.