

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

State File No. 18003

Registration District No. 1159 Primary Registration District No. 5549 Registrar's No. 12

1. PLACE OF DEATH:  
(a) County IRON  
(b) City or town RURAL - IRON  
(c) Name of hospital or institution: 1  
(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 IRON  
(c) City or town RURAL - Belleview  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME WALTER N. WOOD  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 8  
year 1941 hour 5 minute 0 A. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HARRA WOOD 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased SEPT 6 1976  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 20 1940 to May 8 1941; that I last saw him alive on May 3 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 3 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Myocarditis, chronic Duration 2 yrs.

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

Due to Arterial sclerosis, general

10. Usual occupation FARMING

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name W. H. WOOD  
13. Birthplace REYNOLDS Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name MANBA DIAL  
15. Birthplace REYNOLD C. Mo.  
(City, town, or county) (State or foreign country)

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

16. (a) Informant GEORGE WOOD  
(b) Address ELKINGTON

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

17. (a) BURIAL (b) Date thereof 5/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ELKINGTON CEM.

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? \_\_\_\_\_

18. (a) Signature of funeral director Ben W. Bull  
(b) Address Dronton Mo.  
19. (a) May 15 - 1941 (b) Mrs. J. R. Townsend  
(Date received local registrar) (Registrar's signature)

23. Signature Ben W. Bull (M. D. or other) M.D.  
Address Dronton, Mo. Date signed 5-8-41

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

47  
00

47  
00

0

MOTHER FATHER

92H

**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.....

5/2/41

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

working under my personal supervision.

Signed

*L. P. Luchel*

Licensed Embalmer No.

3475

P. O. Address

*Clinton 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.**