

FILED SEP 8 1941

Primary Registration District No. 5389

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Clouglass
(b) City or town Rural Wood Jwp.
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
In this community all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Douglas
(c) City or town Wood Jwp. near Grove Pk.
(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.? _____ years.

3. (a) PRINT FULL NAME Daniel Franklin Wood

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Melvina Wood 6. (c) Age of husband or wife if alive not alive years

7. Birth date of deceased. Sept 15 - 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Clouglass Co Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Wood
13. Birthplace not known Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Potter
15. Birthplace not known Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. S. Cooper

(b) Address not known near R. 50. #6

17. (a) Burial (b) Date thereof Aug. 20 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Cemetery

18. (a) Signature of funeral director none furnished
(b) Address _____

19. (a) 9-20-41 (b) G. H. White
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1941 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug. 17 -
1941 to Aug. 19 - 1941;
that I last saw him alive on Aug. 19 - 1941;
and that death occurred on the date and hour stated above.

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 6

23. Signature G. H. White (M. D. or other) _____
Address not known Date signed 9-20-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

430

RECEIVED

District Health Officer No. 6,

District File Number 941-1416

Date Filed SEP 4 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.