DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 18 1941

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35575

Primary Registration District No. 5792 A

Registrar's No.

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. 9 Mi. West of Eldon Mo. (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME John Louis Wood

3. (b) If veteran, name war none

3. (c) Social Security No. 500-10-8287

4. Sex Male

5. Color or race white

6. (a) ~~Single, widowed~~, married, ~~divorced~~ married

6. (b) Name of husband or wife Rosa M. Wood

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April (Month) 6 (Day) 1876 (Year)

8. AGE: Years 65 | Months 6 | Days 6 | If less than one day — hr. — min.

9. Birthplace Miller Co (City, town, or county) U Mo. (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

FATHER
12. Name Russel Wood
13. Birthplace Moniteau Co (City, town, or county) U Mo. (State or foreign country)

MOTHER
14. Maiden name Margaret Landrum
15. Birthplace Morgan Co (City, town, or county) U Mo (State or foreign country)

16. (a) Informant's own signature Rosa M. Wood
(b) Address Rocky Mt Mo

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Oct 14 1941 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Union Cem.

18. (a) Signature of funeral director Ruth M Kaye
(b) Address Eldon Mo

19. (a) Oct 13-41 (Date received local registrar) (b) H E Collison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1941 hour 5:00 minute 00 P.M.

21. I hereby certify that I attended the deceased from September 28, 1941 to Oct. 12, 1941 that I last saw him alive on Oct 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Congestion of heart

Due to

Other conditions (Include pregnancy within 3 months of death) 2

Major findings: Of operations none

Of autopsy no

Duration

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A F Birkhauser (M. D. or other) DO

Address Eldon Mo Date signed 10/13/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 3-17-39 1 X19511

NOV 27 1941

RECEIVED
District Health Officer No. 7,
District File Number 11-41-1867
Date Filed 11-12-41

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 Keith McKeys

Licensed Embalmer No. 3998

P. O. Address Eldon 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.