. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Reynolds.

State File No. 3061

Primary Registration District No. 5808

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural
(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 2 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Joplin Missouri R.F.D. # 2.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry William Wood

3. (b) If veteran, name war Infant

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 18, 1941 (Month) (Day) (Year)

8. AGE: Years | Months 2 | Days 26 | If less than one day hr. min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Floyd Wood
13. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katheline Kimber
15. Birthplace Unknown (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Katheline Wood
(b) Address Joplin Mo. R.F.D. 2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-14-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Missouri

18. (a) Signature of funeral director Oscar L. Marsh
(b) Address Aurora Missouri

19. (a) 1-14-1942 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th. year 1942 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Had been sick 3 or 4 day Probably Bronchopneumonia — Duration

Due to No physician had attended him

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 107

Of autopsy

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 J. P. Reynolds Coroner (M.D. or other)
Address Neosho Mo Date signed 1-19-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 242-252
Date Filed FEB 13 1942

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 Andrew Forbes

Licensed Embalmer No. 3649

P. O. Address Neosho, 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.