

FILED AUG 18 1943

Registration District No. 239

Primary Registration District No. 58254801

Registrar's No. 4356

1. PLACE OF DEATH:

(a) County New Madrid

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

(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: 10 mo. 8 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME GARY WELDON WOOD

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced: 0

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

7. Birth date of deceased: Sept. 3 1942
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|------|----------------------|
| <u>10</u> | <u>8</u> | | hr. min. |

9. Birthplace: Parma mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

MOTHER FATHER { 12. Name: John W. Wood

13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Walker

15. Birthplace: Cardwell mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Margaret Wood

(b) Address: Parma mo

17. (a) burial (b) Date thereof: July 15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Malden

18. (a) Signature of funeral director: J. Sawwenger

(b) Address: Parma mo

19. (a) July 13/43 (b) mo S. Brademaker
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1943 hour 18 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-10-43
....., 19....., to 7-11-43, 19.....;
that I last saw him alive on 7-11-43, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Colic

Due to:

Due to:

Other conditions: 1190
(Include pregnancy within 3 months of death)

Major findings: 1190

Of operations:

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?
.....

While at work? 0 (Specify type of place) (e) Nature of injury:

23. Signature: H. J. Felton 100 7 1943
(M. D. or other)

Address: Parma mo Date signed: 7/12/43

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

12
5
0

RECEIVED

District Health Office No. 2,

District File Number 843-1046

Date Filed 2-13-48

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..... B. J. Brenclinger.....

Licensed Embalmer No. 4201.....

P. O. Address..... Dexter 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.