. No. 2
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5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38[illegible]

DEC 6 1943

Registration District No. 99 Primary Registration District No. 5375 Registrar's No. 153

1. PLACE OF DEATH:
(a) County DeKalb - Dallas Twp
(b) City or town Maysville (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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Maysville (Dallas Twp)
(If outside city or town limits, write "RURAL")
(d) Street No. Rural R-3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Benjamin Harrison 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 M.
6. (b) Name of husband or wife / Clemence Wood.
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Nov. (Month) 13 (Day) 1888 (Year)

8. AGE: Years 54 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace DeKalb Co. (City, town or county) O (State or foreign country)
10. Usual occupation FARMER.
11. Industry or business

FATHER
12. Name Levi Woods
13. Birthplace DeKalb Co. O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lavina Graham.
15. Birthplace Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clemence Woods
(b) Address Maysville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-43 (Month) (Day) (Year)
(c) Place: burial or [illegible] Shoemaker Funeral Home
18. (a) Signature of funeral director Shoemaker Funeral Home
(b) Address Maysville Mo
19. (a) 11-3-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

1248

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1943 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 18, 1943 to 10-24-, 1943; that I last saw him alive on Oct 6, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis Both Lungs.	Unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. L. Perkins (M. D. or other)
Address Clarkedale Mo Date signed 11/2/43

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. 3960

P. O. Address .....

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.