

FILED JAN 11 1944

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Woodland Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME FRANK AINSWORTH 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 Married
6. (b) Name of husband or wife Annie J. Wood 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased October 17 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 2 3 — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name George Wood
13. Birthplace England
(City, town or county) (State or foreign country)
14. Maiden name Kathryn Ainsworth
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. R. Wood

(b) Address New Cambria Mo

17. (a) Burial (b) Date thereof Dec 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Cambria Cemetery

18. (a) Signature of funeral director H. J. Silliland

(b) Address New Cambria, Mo.

19. (a) 12-23-43 (b) Irma Hauer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 61
(c) City or town (Rural) New Cambria
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles N. of New Cambria
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1943 hour 11:25 minute P M.

21. I hereby certify that I attended the deceased from Nov 29, 1943, to Dec 20, 1943

that I last saw him alive on Dec 20, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chr. Myocarditis

Due to Hypertensive Heart

Due to arterio sclerosis

Other conditions Hemiplegia Dec 20

(Include pregnancy within 3 months of death)

Major findings: Repair of Hernia PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy 930

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 _____

23. Signature Irma Hauer (M. D. or other) _____

Address Moberly Mo Date signed 12-20-43

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

NOV 13 1948

RECEIVED

District Health Officer No. 10

District File Number 1-44-63

Date Filed JAN 10 1949

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.....

H. J. Gilleland....., Registered Apprentice No.
working under my personal supervision.

Signed H. J. Gilleland.....

Licensed Embalmer No. 4019.....

P. O. Address New Cambria Md......

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.