

S. No. 2
1-9-4-41
7-5-17-39
PI X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2620**

FILED FEB 14 1944

Registration District No. **8**

Primary Registration District No. **4151**

Registrar's No. **4**

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

28
220

1. PLACE OF DEATH:
 (a) County **Crawford**
 (b) City or town **Steelville**
 (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. **80 yrs.** (Specify whether years, months or days)
 In this community **80 yrs.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **mo** (b) County **Crawford**
 (c) City or town **Steelville mo**
 (If outside city or town limits, write "RURAL.")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **American** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **John F. Wood.**
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **4**
 year **1944** hour **8** minute **45 P.M.**

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Sept 27 1858**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1**
 19**43** to **Jan 4** 19**44**
 that I last saw him alive on **Dec 15** 19**43**
 and that death occurred on the date and hour stated above.

8. AGE: Years **85** Months **3** Days **27** If less than one day hr. _____ min. _____

Immediate cause of death **Chronic Valvular Disease of Heart**
 Due to _____
 Due to _____

9. Birthplace **Steelville mo**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: **92d**

10. Usual occupation **Retired**

Of operations _____
 Of autopsy _____

11. Industry or business _____

MOTHER FATHER
 { **12. Name** **Bruce Wood**
 { **13. Birthplace** **Crawford co. mo.**
 { **14. Maiden name** **Wash**
 { **15. Birthplace** _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **L. J. Edwards**
 (b) Address **Steelville mo**

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof **1. 6. 44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Place: burial or cremation **Steelville ca**

(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? _____

18. (a) Signature of funeral director _____
 (b) Address _____

While at work? _____ (Specify type of place) Means of injury _____

19. (a) Jan 13 1944 (b) **A. M. Schurer**
 (Date received local registrar) (Registrar's signature)

23. Signature **R. G. Patton** (M. D. or other)
 Address **Steelville mo** Date signed **Jan 12 44**

1301

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer, No. 5

District File Number

Date Filed

244755

2, 11, 44

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.....

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.