

FILED MAR 12 1944
Registration District No. _____

Primary Registration District No. 6006

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Paris, Mo
(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 1-yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Paris, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME King Washly Wood

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Maggie or Edwney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar 28 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Monroe, La (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same

MOTHER FATHER { 12. Name Charles Lewis Wood
13. Birthplace Monroe, La (City, town, or county) Mo (State or foreign country)
14. Maiden name Pharba
15. Birthplace Monroe, La (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Helen Harris
(b) Address Paris, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director William Bartlett

(b) Address Claremont, Mo

19. (a) 2-4-44 (Date received local registrar) (b) Gene Hove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1944 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from Jan 8 1944 to Feb 2 1944 that I last saw him alive on Feb 1 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal Duration _____

Due to Scapitis mellitis
Had Amputation of Leg.
Due to _____

Other conditions (Include pregnancy within 3 months of death) X

Major findings: Of operations 61

Of autopsy X

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 0

23. Signature J.P. Allen (M. D. _____)
Address Paris, Mo Date signed Feb 4 1944

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

28000

RECEIVED

District Health Officer No. 10

District File Number 3-44-601

Date Filed MAR 10 1944

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 Henry A. Buckle

Licensed Embalmer No. 3835

P. O. Address Shelburne 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.