

S. No. 2  
DM-8-43  
v. 5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24594

State File No. \_\_\_\_\_

FILED JUL 20 1944  
Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution:  
name  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution name (Specify whether \_\_\_\_\_)

In this community 2.5 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Malden 35  
(If outside city or town limits, write "RURAL.") 3

(d) Street No. 400 East Howard 1  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Bruce C Wood

3. (b) If veteran, name war no

3. (c) Social Security No. 498-14-4733

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Ann

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 27 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1944 hour 5:25 minute P. M.

21. I hereby certify that I attended the deceased from 5 - 7, 1944 to June 8, 1944  
that I last saw him alive on June 7, 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Hemage - of Jms 4/4

Due to High Blood Pressure

9. Birthplace Acosta Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad man

11. Industry or business above

12. Name Wesley Wood

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Keith

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Birdie Hethausen  
(b) Address Malden Mo.

17. (a) Burial (b) Date thereof June 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Memorial Park

18. (a) Signature of funeral director J. G. Schumann  
(b) Address Malden Mo.

19. (a) 6-10-44 (b) J. D. Elden  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 820

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?

While at work? --- (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Lloyd C. Carter (M. D. or other) Do.  
Address Malden Date signed June 7/44

1248 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 7-44-911

Date Filed 7-5-44

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 J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

**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.**