S. No. 2
M—8-43
. 5-17-39
1 X37823

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

051

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2029

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Lincoln Rural Cole Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sothwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton 8
(c) City or town Lincoln, Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Miles South East 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Elmer Wood
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
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 November 8th 1945 (Month) (Day) (Year)
8. AGE: Years 0 Months 2 Days 10 If less than one day hr. min.
9. Birthplace Benton County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
12. FATHER Name Elmer Wood Jr
13. FATHER Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
14. MOTHER Maiden name Wanda Mae Gardner
15. MOTHER Birthplace Lincoln (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Elmer Wood Jr
(b) Address Lincoln, Mo R F D
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo
19. (a) February 5-46 (Date received local registrar) (b) Pauline Harms (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 9 minute 10 P M.
21. I hereby certify that I attended the deceased from 1-17-46, 1946 to 1-18-, 1946 that I last saw him alive on 1-18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocardial failure
Due to Status Thymicolymphaticus
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 64
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 C. W. Moreland (M. D. or other) MD
Address Cole Camp, Mo Date signed 1-19-46

24 (Licensed Embalmer's Statement on Reverse Side)

1-46-117

Date Filed 2-9-46

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 E. L. Eichhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.