

**FILED JUL 1 1946**

Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **Greene**  
 (b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**811 Garfield Street**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **25 Years**  
(Specify whether years, months or days)  
 In this community **25 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Greene**  
 (c) City or town **Springfield**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **811 Garfield Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **NO** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **SUSIE DELANEY WOOD**

3. (b) If veteran, name war **NONE**  
 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Ben Wood**  
 6. (c) Age of husband or wife if alive **deceased** years

7. Birth date of deceased **April 17, 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<b>73</b>	<b>1</b>	<b>28</b>	hr. _____ min.

9. Birthplace **Lawrence County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER  
 12. Name **Freston Breeden**  
 13. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Anna Dean**  
 15. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. E. Harralson**  
 (b) Address **Walnut Grove, Missouri**

17. (a) **Burial** (b) Date thereof **June 18, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wade Chapel Cemetery**

18. (a) Signature of funeral director **Fred C. Thieme**

(b) Address **Springfield, Missouri**

19. (a) **6-17-46** (b) **W. E. Harshbarger**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15th**  
 year **1946** hour **3:45 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Nov. 1, 1945** to **June 14, 1946**  
 that I last saw her alive on **June 14, 1946**  
 and that death occurred on the day and hour stated above.

Immediate cause of death **myocardial insufficiency**  
**due to arteriosclerosis**  
**due to heart disease**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Pulmonary TB**  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **934**

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)

23. Signature **Arthur J. Smith** M.D. or other \_\_\_\_\_  
 Address **450 E. 3rd St. Springfield, Mo.** Date signed **6-17-46**

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**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..... *Fred C. Thieme* .....

Licensed Embalmer No. 2899.....

P.O. Address Springfield, Missouri.....

**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.**