. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5865

Registration District No. 301 Primary Registration District No. 6037 Registrar's No. 2187

**1. PLACE OF DEATH:**
(a) County Ripley
(b) City or town Rural Union Twp
(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 years, months or days)
In this community 2 months

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Stoddard 103
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 12 mi S.W. of Doniphan
(If rural, give location)
(e) Citizen of foreign country? - No - (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Lewis Wood
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed~~, married, divorced married
6. (b) Name of husband or wife Nora Wood
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. (Month) 14 (Day) 1881 (Year)

8. AGE: Years 65 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Sikeston, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Stephen Wood
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Townsley
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nora Wood
(b) Address Warm Springs, Ark.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-28-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Leachville, Ark.
18. (a) Signature of funeral director Black-Edwards
(b) Address Doniphan, Missouri
19. (a) 1-28-47 (Date received local registrar) (b) E. B. Johnston (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 28 year 1947 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from Jan. 20, 1947, to, 19; that I last saw him alive on Jan 20, 1947; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | 1 Hr |
| Due to Chronic Nephritis | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 131B
Of autopsy Clot in Coronary Arteries -

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) 2
While at work? (e) Means of injury
23. Signature E. Omar Hickey (M. D. or other) DO
Address Doniphan, Mo. Date signed 1-28-47

277

(Licensed Embalmer's Statement on Reverse Side)

## 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 L. Valjean Adamson

Licensed Embalmer No. 4351

P. O. Address Doniphan, 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.**