

No. 2  
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-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 1 1947**

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

State File No. **10465**

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **86**

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

**1. PLACE OF DEATH:**  
 (a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 13 days  
(Specify whether years, months or days)  
 In this community 67 years.

**3. (a) PRINT FULL NAME** CLARENCE EDWIN WOOD - Employee  
 3. (b) If veteran, name war. None  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  White  
 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 March 25, 1879  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>67</u>	<u>11</u>	<u>28</u>	hr. _____ min.

**9. Birthplace** - Doe Run, Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Painter

**11. Industry or business** (Employed at State Hospt. No. 4)

**MOTHER FATHER** {  
 12. Name Franklin Wood  
 13. Birthplace Meigs County, Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Ann Reed  
 15. Birthplace Madison County, Missouri  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Carson Wood (Brother)  
 (b) Address Palo Alto, California

**17. (a) Burial** (b) Date thereof March 26, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run, Missouri

**18. (a) Signature of funeral director** Miller Funeral Home  
 (b) Address Farmington, Missouri

**19. (a)** 3-26-47 (b) Ether Redloff  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Francois  
 (c) City or town Farmington  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 208 West Columbia St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 23  
 year 1947 hour 10 minute 05A M.  
**21. I hereby certify that I attended the deceased from** March 17  
 to March 23, 1947  
 that I last saw him alive on March 23, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
 Duration \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy No autopsy.  
 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** James P. Dodson (M. D. or other) \_\_\_\_\_  
 Address Farmington - Mo Date signed 3/23/47

RECEIVED

Health Officer No. 4

34.7-43.4

3-31-47

APR 10 1947

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..... *Paul Dugal* .....

Licensed Embalmer No. 4120

P. O. Address..... *Farmington 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.