

S. No. 2
M-3-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12899
State File No. _____
Registrar's No. 10

Registration District No. 77

Primary Registration District No. 4137

1. PLACE OF DEATH:
(a) County CLINTON
(b) City or town TRIMBLE
(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)
In this community 2 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County CLINTON 25
(c) City or town TRIMBLE (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALTER SCOTT WOOD
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31st year 1947 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from March 10 1947 to March 31 1947 that I last saw him alive on March 28 1947 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife STELLA DUNGAN WOOD 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased: (Month) 4 (Day) 7 (Year) 71

Immediate cause of death: Generalized arteriosclerosis
Ch. Myocardial Degeneration
Due to _____
Due to _____

8. AGE: Years 75 Months 11 Days 24 If less than one day _____ hr. _____ min.

Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace DAWSON Mo. (City, town, or county) (State or foreign country)
10. Usual occupation MEDICAL DOCTOR

MOTHER FATHER
11. Industry or business _____
12. Name John S. Wood
13. Birthplace PULASKI Co. Ky. (City, town, or county) (State or foreign country)
14. Maiden name CAESANDRA STANLEY
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

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) _____
(e) Means of injury _____

16. (a) Informant Mrs. Stella Dungan Wood
(b) Address Trimble Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph Cem. Hannibal Mo.
18. (a) Signature of funeral director Rollins - Nash
(b) Address Edgerton, Mo.
19. (a) April 22 1947 (Date received local registrar) (b) Emmace Chastain (Registrar's signature)

23. Signature E. H. Hobbs (M. D. or other) M.D.
Address Smithville, Mo. Date signed 4-1-47

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

(MAY 20 1958)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Virvan R. Nash

Licensed Embalmer No. 3947

P. O. Address Edgerton, 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.