

FILED JUN 6 1947
383

State File No. _____
Registrar's No. 82

Registration District No. _____ Primary Registration District No. 5655

1. PLACE OF DEATH:

(a) County Lawrence Wood

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Washburn
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Paul Wood

3. (b) If veteran, name war no 3. (c) Social Security No. 513-24-8735

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vivian Wood 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased May 20 1920
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
26	11	19	hr. min.

9. Birthplace Unknown Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Steve Granvil Wood

13. Birthplace Stone County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cora Branham

15. Birthplace Stone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof May 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washburn

18. (a) Signature of funeral director Fossitt Funeral Home
(b) Address Mt. Vernon, Mo.

19. (a) 5/24/47 (b) ER Phelan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1947 hour 4:50 minute A M.

21. I hereby certify that I attended the deceased from April 29 1947 to May 1 1947
that I last saw him alive on May 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced Pulmonary Tbc. Unknown
Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____

23. Signature A.A. Brasher M.D.
Address Mt. Vernon, Missouri Date signed 5-1-47
While at work? _____ (Specify type of place) (e) Means of injury _____

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

IN THE OFFICE OF THE
CLERK OF THE SUPERIOR COURT
DISTRICT FILE NUMBER 647-588
Date Filed JUN 4 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 Max L. Fossett
Licensed Embalmer No. 4252
P. O. Address Mt. Vernon, Md.

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.