S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 12 1947
Millies
Registration District No. 323

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 30071
Registrar's No. 81

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 hrs (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No. 225 E. Gladys St. 5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hiram E. Wood
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Julia Wood
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 3 (Month) 30 (Day) 1885 (Year)

8. AGE: Years 62 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Castalia (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Contractor
11. Industry or business Construction
FATHER
12. Name Daniel Wood
13. Birthplace Castalia (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Mattie Burkholder
15. Birthplace Castalia (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs Julia Wood
(b) Address Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Ill.
18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.
19. (a) 9-9-47 (Date received local registrar) (b) Mrs T. F. Henry (Registrar's signature) 2 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1947 hour 4 ~~minute~~ p.M.
21. I hereby certify that I attended the deceased from 10 Feb 47 Death, 19 , to , 19 ;
that I last saw him alive on 8 20 Am 8 Sept 47 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma, Bronchio Genic	
Due to Uremia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 47C	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature [signature] (M. D. ~~or other~~)
Address Sikeston Date signed 9-9-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 947-1209
Date Filed 9-11-47

MAY 18 1948

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 John Allutton

Licensed Embalmer No. 2944

P. O. Address Sikeston 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.