

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23826

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 230

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bothwell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Six Weeks  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Benjamin 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 Jennie L. Wood  
6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased October 1 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>9</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace LaMonte Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name George Wood  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Abel  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas Wood

(b) Address LaMonte Mo.

17. (a) Burial (b) Date thereof 7-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMonte Mo.

18. (a) Signature of funeral director Paul M. Moore

(b) Address LaMonte Mo.

19. (a) 7-31-48 (b) Betty Yeagers  
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 29  
year 1948 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from AUGUST 1947 to JULY 29 1948  
that I last saw him alive on JULY 29 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis, chronic

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

Other conditions arteriosclerosis, advanced nephritis, chronic  
(Include pregnancy within 3 months of death)

Major findings:  
1. Of operations none  
Of autopsy none

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Chas. Jordan Stauffer (M. D. number) 100  
Address Sedalia Missouri Date signed 7-30-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKES A

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-12-48

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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 Saul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.**