

REC'D OCT 24 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32609

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 468
(b) Township Back Prairie Primary Registration District No. 5629 Registered No. 19
(c) City Marionville (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jess HARLIND WOOD

(a) Residence, No. Marionville, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Wood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co Mo

13. NAME Jonathan Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Lydia Linn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn

17. INFORMANT (ADDRESS) Joe Wood
Marionville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olive Cem DATE Sept 2, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) C. S. Wallace
Billings, Mo.20. FILED Sept. 10, 1938 Kaura O. Cannady
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st, 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1938, to Aug 31, 1938I last saw him alive on Aug. 31, 1938. Death is said to have occurred on the date stated above, at 6:51 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____(Signed) Warner M. Alsever, M. D.(Address) Marionville, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-295

Date Filed 10/2/38

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, _____

Everett R. Neal

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

Everett R. Neal

Licensed Embalmer No. 4038

P. O. Address Billing, 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, above space should be left blank.