JAN 2 0 1939

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

44149
Do not use this space.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

82 5 1

1. PLACE OF DEATH
(a) County PIKE
(b) Township BUFFALO
(c) City LOUISIANA MO
Registration District No. 689
Primary Registration District No. 3633
Registered No.
(d) Street No. 303 N. 3rd 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 22 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES A. R. WOOD
(a) Residence, No. 303 N. 3RD ST. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ MATTIE WOOD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 16, 1865

7. AGE: Years 73 | Months 8 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. MERCHANT
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) CHARITON CO
(STATE OR COUNTRY) MISSOURI (RURAL)

FATHER
13. NAME DAVID SAMUEL WOOD
14. BIRTHPLACE (CITY OR TOWN) BOONE COUNTY
(STATE OR COUNTRY) MISSOURI (NEAR FAYETTE)

MOTHER
15. MAIDEN NAME MARTHA ROBINSON
16. BIRTHPLACE (CITY OR TOWN) BOURBON CO
(STATE OR COUNTRY) KENTUCKY

17. INFORMANT Unell Smith
(ADDRESS) Louisiana Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE RIVERVIEW DATE DEC. 24 1938

19. FUNERAL DIRECTOR (NAME) W. F. Suda
(ADDRESS) Louisiana Mo

20. FILED Dec 24 1938 H. C. Haley Jr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/7/1938, 19..., to 12/23/1938, 19...
I last saw him alive on 12/22/1938, 19... Death is said to have occurred on the date stated above, at about 9:15 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Organic Heart Disease	
(Rheumatic)	
10 to 12 yrs duration	

Other contributory causes of importance:
Arterioschlerosis
Duration several yrs.

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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) Charles P. Lewellen, M. D.
(Address) Louisiana, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-38-960
Date Filed 1/12/39

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, Harold Garner, or by .....

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

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.