

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

33823  
Do not use this space.

1. PLACE OF DEATH *North 2*

(a) County *Franklin* Registration District No. *904*

(b) Township *Union* Primary Registration District No. *6215-4542* Registered No. \_\_\_\_\_

(c) City *Sheldon* (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *EARNEST FREEMAN WOOD*

(a) Residence, No. \_\_\_\_\_ 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 21, 1878*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

*61 6 2*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Dry Labor*

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) *8/22/39* 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bedford Louisiana*

FATHER 13. NAME *M. W. Wood*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*

MOTHER 15. MAIDEN NAME *Susiana Anderson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*

17. INFORMANT (ADDRESS) *Mary Wood Front City Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Major Can* DATE *8/23/39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Arch C. Duffee Front City, Mo.*

20. FILED *Aug 23, 1939 Mrs. O. H. Bond* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 23, 1939*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h..... alive on....., 19\_\_\_\_. Death is said to have occurred on the date stated above, at *5:30 A.*

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

*Inside Gunshot*

Date of onset \_\_\_\_\_

Other contributory causes of importance: *167*

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? *Suicide* Date of injury *8/23/39*

Where did injury occur? *Front City Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Home*

Manner of injury \_\_\_\_\_

Nature of injury *Gunshot Head*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify \_\_\_\_\_

(Signed) *Lawrence Coronado*

(Address) *Sheldon Mo*

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.

RECEIVED

District Health Officer No. 11,

District File Number 1039-12561

Date Filed OCT 8 1939

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 *Arch C. Dungee*

Licensed Embalmer No. 3252

P. O. Address *Grant City, Mo.*

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

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