

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

**39737**  
Do not use this space.

1. PLACE OF DEATH

(a) County..... **Harrison** ..... 2. Registration District No..... **346**

(b) Township..... **Lincoln** ..... 1. Primary Registration District No..... **5-484** Registered No..... **6**

(c) City..... **Hatfield** ..... (d) Street No..... St.

(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. **Scott Wood** **300**

(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE **Agnes Wood**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 18 1861**

7. AGE YEARS **78** MONTHS **3** DAYS **4** If LESS than 1 day, .... hrs. or .... min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. **Farmer**

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) **Marion Illinois**

FATHER

13. NAME **Harden C. Wood**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER

15. MAIDEN NAME **Marry E. Riddle**

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

17. INFORMANT (ADDRESS) **Agnes Wood Hatfield Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lincoln Center** DATE **Nov. 24 1939**

**Arno C. Dunfee**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Grant City Mo.**

20. FILED **12-1** 19 **39** **Chas. Arthur** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov-22 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 15- 1939**, to **Nov 22 1939**

I last saw him live on **Nov 21 1939** Death is said to have occurred on the date stated above, at **11 30 P.M.**

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

**Nephritic Coma** **Ch. Nephritis**

Date of onset **Nov 17/39**

Other contributory causes of importance: **Coronary Arteriosclerosis** **34**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Physicochemical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** 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 **Skuse MD** M. D.  
(Signed) **Arno C. Dunfee** (Address) **Grant City 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.

1239 1735  
DEC 18 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. Dangle  
Licensed Embalmer No. 3752  
P. O. Address Grant city, 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.