

STANDARD CERTIFICATE OF DEATH

State File No. 43294

Registration District No. 290

Primary Registration District No. 2905408

Registrar's No. _____

1. PLACE OF DEATH: Dunklin, Mo.
 (a) County Dunklin
 (b) City or town _____
 (c) Name of hospital or institution: 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or day)

2. USUAL RESIDENCE OF DECEASED: S
 (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James Henry Wood
 (b) If veteran, name war ✓
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 7
 year 1939 hour 7 PM minute _____ M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Louise Wood 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 4 - 1883
 (Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 3 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Unattended by a physician, fracture of second cervical due to vertebrae, due to accident when car tumbled over by
 Due to was driving.
 Duration _____

9. Birthplace Paragued, Ark
 (City, town, or county) (State or foreign country)

Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Stack Dealer

Major findings: _____
 Of operations _____

MOTHER FATHER
 12. Name Joseph H. Wood
 13. Birthplace Paragued, Ark
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna M. Daniel
 15. Birthplace Paragued, Ark
 (City, town, or county) (State or foreign country)

Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature J. Wood
 (b) Address Smith, Mo.
 17. (a) Burial (b) Date thereof Dec. 9-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Smith, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence _____
 (c) Where did injury occur? Smith, Dunklin Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director A. S. McDaniel
 (b) Address Smith, Mo.
 19. (a) Jan. 6 1940 (b) A. S. McDaniel
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury George H. Wood
 23. Signature George H. Wood
 Address Smith 2720 Date signed Dec 7 39

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. 3,

District File Number 140-818

Date Filed 1/19/40

5
closed 1/19/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

43294

Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin Registration District No. 290
(b) Township Salem Primary Registration District No. 5408 Registered No. _____
(c) City _____ (d) Street No. _____
(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 James Henry Wood
(a) Residence, No. Lenoth, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) _____

FATHER 13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Lovie Wood
(ADDRESS) Lenoth, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____

19. FUNERAL DIRECTOR
(ADDRESS) _____

20. FILED Jan 6 1940 A. M. Daniel
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 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 _____ m.
The principal cause of death and related causes of importance were as follows:
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? _____
If so, specify _____
(Signed) Geo. Wilmore M.D. _____
Kenneth _____
(Address) _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

At _____ County of _____ Missouri, on _____ day of _____ 19____, I, _____, Registrar, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the Bureau of Vital Statistics, Missouri State Board of Health, at St. Louis, Missouri.

