DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 1 7 1940

Registration District No. 508

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43926

Primary Registration District No. 3026

Registrar's No. 152

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.

1. PLACE OF DEATH:

(a) County: Livingston

(b) City or town: Chillicothe (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1120 Cherry (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: No (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Livingston

(c) City or town: Chillicothe (If outside city or town limits, write "RURAL")

(d) Street No.: 1120 Cherry (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME: Ranson J. Wood 30-8

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Nora Wood

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Mar. 13, 1877 (Month) (Day) (Year)

8. AGE: Years 62 | Months 8 | Days 23 | If less than one day: hr. — min.

9. Birthplace: Newtown (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Retired 0

11. Industry or business: 0

FATHER 12. Name: William W. Wood

13. Birthplace: Newtown (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Mary L. Wyatt

15. Birthplace: Newtown (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Frank H. Wood

(b) Address: Kirksville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 7, '39 (Month) (Day) (Year)

(c) Place: burial or cremation: Edgewood Cem.

18. (a) Signature of funeral director: James D. Gordon

(b) Address: Chillicothe, Mo.

19. (a) 12-7-39 (Date received local registrar) (b) H. M. Wrace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1939 hour 2 pm minute 20 A.M.

21. I hereby certify that I attended the deceased from June 1939, 19..., to Dec 5, 1939; that I last saw him alive on Dec-5-, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage (Duration)

Due to: Artero-Sclerosis

Due to:

Other conditions: — (Include pregnancy within 3 months of death)

Major findings: Of operations: —

Of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): No

(b) Date of occurrence: No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work: Retired (Specify type of place) (e) Means of injury: —

23. Signature: Paulene Barney (M. D. or other)

Address: Chillicothe Mo Date signed: 12-7-1939

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 140-1933
Date Filed JAN 13 1940

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 Donald F. Gordon, Registered Apprentice No. 223 working under my personal supervision.

Signed James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Lehillicothe

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

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