

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44419

REG 13 1840 735
Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Randolph 2
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 500 Vinclil
(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 days)

3. (a) PRINT FULL NAME Robert M. Wood 300

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 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 12th 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 10 _____ hr. min.

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

10. Usual occupation _____ 0

11. Industry or business _____ 0

12. Name Hugh Wood 0

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Adeline Wigdon

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant's own signature Hugh Wood

(b) Address Moberly

17. (a) _____ (b) Date thereof Dec 23rd 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malcolm and Son

(b) Address Moberly Mo

19. (a) Dec 23-39 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 500 Vinclil
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22nd
year 1939 hour 3 minute 200 M.

21. I hereby certify that I attended the deceased from Dec 27, 1939, to Dec 27, 1939;
that I last saw him alive on Dec 27, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death mal-nutrition from congenital pyloric stenosis
Due to _____

Due to _____
Other conditions 157W
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
23. Signature L. E. Huber _____ (M. D. or other)
Address Moberly Mo Date signed 12/23/39

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. 10

District File Number 1-40-169

Date Filed JAN 11 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 Not

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

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Proberly, 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.