

WRITE PLAIN!—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. 89
Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hospital
(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)

2. (a) PRINT FULL NAME James Joseph Wood
3. (b) If veteran, name war. / - /
3. (c) Social Security No. 36-71

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive / years
7. Birth date of deceased Jan 6 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____
If less than one day 23 hr. _____ min.

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Wilburt Warren Wood
13. Birthplace Morgington, Ark
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Johnson
15. Birthplace Butler Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilburt Wood
(b) Address RFD 6, Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Jan. 8-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Creek Cemetery

18. (a) Signature of funeral director M. D. Phelps
(b) Address Poplar Bluff, Missouri

19. (a) 1/8/40 (b) W. C. Catonger
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from January 6th
1940 to January 8th, 1940
that I last saw him alive on January 7th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture
Duration _____

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy _____
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) _____
(b) Date of occurrence _____

(c) Where did injury occur? Mo
(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)
(e) Means of injury _____

23. Signature James P. Carter (M. D. or other)
Address 1111 N. 1st St., Poplar Bluff, Mo. Date signed _____

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.