

No. 2
11-10-39
5-1-39
1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16358

MAY 15 1940

State File No. _____

Registration District No. 18

Primary Registration District No. 6139

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Texas.
(b) City or town Morris Jwp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 9
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 58 yrs. (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME George Washington Wood

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex m. 5. Color or race w. 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 15 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Wood

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

14. Maiden name Matilda Caylor

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

16. (a) Informant John Wood
(b) Address Cabool, R # 2 Mo.

17. (a) Burial (b) Date thereof April 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood Cemetery

18. (a) Signature of funeral director Raymond J. Elliott
(b) Address Cabool Mo.
19. (a) April 16 1940 (b) Pearl S McCall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
(c) City or town Rural Morris Jwp.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mo April day 15
year 1940 hour 10:20 minute P.M.

21. I hereby certify that I attended the deceased from Jan
1, 1927 to April 15, 1940
that I last saw him alive on Feb 10 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Defamation

Due to _____
Due to A.P.

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

Major findings: Endocarditis
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature J. M. Spahr (M. D. or other)
Address Cabool Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

District Health Officer No. 6,

District File Number 540,513

Date Filed 5-1-06-0-0000

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.