FILED JUN 22 1940

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

18948
Do not use this space.

1. PLACE OF DEATH
(a) County: Macon
(b) Township: Easley
(c) City:
(d) Street No.: St.
(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.

Registration District No. 530
Primary Registration District No. 3708
Registered No.

2. PRINT FULL NAME Israel L. Wood
(a) Residence, No. 3810 Elmer Mo. Rural St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Nancy Wood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19 1851
7. AGE: Years 88 | Months 5 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Ohio
FATHER
13. NAME John Wood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
MOTHER
15. MAIDEN NAME Thirza Mendenhall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT W. A. Wood
(ADDRESS) Elmer, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bell DATE May 5 1940
19. FUNERAL DIRECTOR (NAME) Clyde McCollum
(ADDRESS) Elmer - Mo
20. FILED June 10 1940 Mrs Lloyd Butler
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1940
22. I HEREBY CERTIFY, That I attended deceased from April 28 1940 to May 3 1940
I last saw him alive on May 3 1940 Death is said to have occurred on the date stated above, at 1:05 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Bronchial Pneumonia | May 1 |
| Preceded by acute Influenza | Apr 28 |

Other contributory causes of importance: N/A

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? No
If so, specify
(Signed) Harold D. Lehr D.O. M.D.
(Address) Elmer Mo.

Licensed Embalmer's Statement on Reverse Side)

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 6-40-1241
Date Filed JUN 12 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, Clyde McCallum, or by

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

Signed Clyde McCallum

Licensed Embalmer No. 3226

P. O. Address Elmer - 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.**