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23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33239

Registration District No. 796 Primary Registration District No. 3038 Registrar's No. 140

OCT 23 1940

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Robert William Wood
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Dec. (Month) 18 (Day) 1864 (Year)

8. AGE: Years 75 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Saline County, (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation farmer 1
11. Industry or business 9
FATHER
12. Name Spencer Wood
13. Birthplace (City, town, or county) Va. (State or foreign country)
MOTHER
14. Maiden name don't know
15. Birthplace (City, town, or county) don't know (State or foreign country)
16. (a) Informant Robert Wood,
(b) Address Slater, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 13 (Day) '40 (Year)
(c) Place: burial or cremation Union Hill
18. (a) Signature of funeral director Hill Brothers
(b) Address Slater, Mo.
19. (a) 9-12-40 (Date received local registrar) (b) Mary Kent Dep (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1940 hour 3 minute a M.
21. I hereby certify that I attended the deceased from Sept 5th, 1940, to Sept 11th, 1940 that I last saw him alive on Sept 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular Heart Disease	Dont Know
Carcinoma Prostate	" "
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51

Major findings:
Of operations
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? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 7/2 (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Madison (M. D. ~~or other~~) 1
Address Marshall, Mo. Date signed 9-12-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-10-40

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~~ Edgar Moore, Registered Apprentice No. 230 working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, Mo.

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

If this body is not embalmed, fact should be so stated above.