

No. 2  
11-10-39  
-17-40  
I X

DEC 11 1940 **838**

Primary Registration District No. **6098B**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: **Stoddard**

(a) County: **Stoddard**

(b) City or town: **Rural** (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)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days: **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Stoddard**

(c) City or town: **Rural** (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.

3. (a) PRINT FULL NAME: **Robert Wood**

3. (b) If veteran, name war: **World (Canadian)** 3. (c) Social Security No. \_\_\_\_\_

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Blanche** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **June 9 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>3</b>	<b>22</b>	hr. _____ min.

9. Birthplace: **Brown City Mich.**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Carpenter**

11. Industry or business: **4**

12. Name: **Henry Wood** **4**

13. Birthplace: **England**

14. Maiden name: **Amada Hebben** (State or foreign country)

15. Birthplace: **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Blanche Wood**  
(b) Address: **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof: **10/2/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Sadler Chapel Cem.**

18. (a) Signature of funeral director: **Blankenship-Strickland**  
(b) Address: **Dexter, Mo.**

19. (a) **12/3** (b) **Jessie Beutone**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **1st**  
year **1940** hour **10** minute **8. M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on **Oct - 1 - 1940** and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary occlusion - I**

Due to: **Coronary Thromboses**

Due to: **Which before any treatment could be given**

Other conditions: **giving**  
(Include pregnancy within 3 months of death)

Major findings: **giff**  
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? **755**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: **Frank Baker** (M. D. or other) \_\_\_\_\_

Address: **Dexter Mo.** Date signed: **10-17-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 2

District File Number 1240-177

Date Filed 12/9/40

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**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, J. J. Stinchell

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.**