

REG JAN 22 1940 881

State File No. _____

Registration District No. _____

Primary Registration District No. 6172

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Warren Co.
(b) City or town Jonestown, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Radford Lannie Wood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 118
In this community about 4 yrs. (Specify whether years, months or days) 2

8. (a) PRINT FULL NAME Radford Lannie Wood

3. (b) If veteran, name war _____ 8. (c) Social Security No. 489-14-5662

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

6. (b) Name of husband or wife Mrs Lannie Wood 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased February 13 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>9</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business D

12. Name Henry Wood

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

14. Maiden name Marjorie Harwood

15. Birthplace St. Joseph Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lannie Wood

(b) Address Jonestown, Mo.

17. (a) Edson, Mo. (b) Date thereof Dec. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edson, Mo.

18. (a) Signature of funeral director Earl Harding
(b) Address Jonestown, Mo.

19. (a) Dec. 10, 1940 (b) Warrenton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1940 hour about 4. minute _____ M.

21. I hereby certify that I attended the deceased from _____
not at all, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris * Duration _____

Due to _____

Due to _____ 94 W

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

Major findings: 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? 802

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. F. A. Krigge (M. D. or other) Dr
Address Warrenton Mo Date signed Dec 9

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.

Signed _____

Carl Harding

Licensed Embalmer No. _____

P. O. Address _____

Jonesburg, 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.