

2
4-41
7-39
K26390

JUL 7 1941

Registration District No. 165

Primary Registration District No. 5231

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural Linn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Most of life
years, months or days

3. (a) PRINT FULL NAME Charley E. Wood

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex Male 5. Color or Race White

6. (a) Single, widowed, married, divorced, marrie

6. (b) Name of husband or wife Laura Wood

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec. 25, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>13</u>	_____hr. _____min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Charles E. Woods

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

14. Maiden name Sarah?

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

16. (a) Informant R E Wood

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 6-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pankey

18. (a) Signature of funeral director H. C. Davis - Co.

(b) Address Stockton, Missouri

19. (a) June 16 - 41 (b) Mrs Minnie barleton
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural Stockton,
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 3
1941 to June 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death mitral regurgitation

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy no

Duration _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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? no

23. Signature [Signature] (M. D. or other) 20

Address Stockton, Mo. Date signed 6-6-41

RECEIVED

District Health Officer No. 7.

District File Number 7-41-1067

Date Filed 7-2-41

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.....

C. H. Neale

Licensed Embalmer No. 3335

P. O. Address. Stoughton, 7

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, fact should be so stated above.