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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1942

Registration District No. 327

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4500

State File No. 8017

Registrar's No.

1. PLACE OF DEATH:

(a) County SHELBY

(b) City or town CLARENCE Twn
(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 none (Specify whether
In this community LIFE Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SHELBY 102

(c) City or town DUNCAN BRIDGE 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME EVERETT WOOD

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sep 20 (Month) 1864 (Day) (Year)

8. AGE: Years 78 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Monroe Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

FATHER
12. Name Elewart wood
13. Birthplace dont know 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name dont know
15. Birthplace dont know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Marvin wood
(b) Address Duncan Bridge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/42 (Month) (Day) (Year)
(c) Place: burial or cremation Phillips Cemetery

18. (a) Signature of funeral director Million & Barkhuff
(b) Address Clarence Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1942 hour 2 minute PM.

21. I hereby certify that I attended the deceased from May 13, 1942, to Feb 15, 1942
that I last saw him alive on Feb 14, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	10 minutes
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83 a	

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

23. Signature D L Harlan (M. D. or other) MD
Address Date signed

1095 (Licensed Embalmer's Statement on Reverse Side)

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 Henry A. Backelee

Licensed Embalmer No. 3835

P. O. Address Shelburne 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, fact should be so stated above.