U. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1942

Registration District No. 447

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14793

Primary Registration District No. 5633

Registrar's No. 61

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mt. Vernon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State San (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 965 days (Specify whether years, months or days)
In this community: 965 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pulaski
(c) City or town: Bloodland (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Marion Wood
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Cora Wood
6. (c) Age of husband or wife if alive: 1 years
7. Birth date of deceased: Feb (Month) 2 (Day) 1887 (Year)

8. AGE: Years 54 | Months 2 | Days 1 | If less than one day: hr. min.

9. Birthplace: Pollar Bluff (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Silas Wood
13. Birthplace: Brownfield (City, town, or county) Mo (State or foreign country)
14. Maiden name: Ellen Reed
15. Birthplace: Ambermon (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Myhrah
(b) Address: Record Clerk, Mo State San
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: State Sanatorium
18. (a) Signature of funeral director: Geo S. Orr
(b) Address: Mt Vernon Mo
19. (a) Apr 4-42 (Date received by local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 3d year 1942 hour 1:20 minute P M.
21. I hereby certify that I attended the deceased from Aug 12 1939 to Apr 3 1942 and that I last saw him alive on Apr 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cor Pulmonale — Duration: Over 3 yrs
Due to: Silicosis and Anthracosis
Due to: pericarditis
Due to:
Other conditions (Include pregnancy within 3 months of death): 13 f
Major findings: Of operations:
Of autopsy: see above

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: J. A. Stocks (M. D. or other)
Address: Mt Vernon Date signed: 4-3-42

1182 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 542 - 649
Date Filed MAY 7 1942

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 Not Embalmed, Registered Apprentice No. _____, working under my personal supervision.

Signed Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Thurmon 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.