

FILED APR 7 1943

Registration District No. _____

Primary Registration District No. 3002

State File No. _____

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Audrain Co
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution II da
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town RURAL/2 mile south
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 14 1943 to March 25 1943
that I last saw him alive on March 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 min

Due to _____
Due to _____
Other conditions: Acute Suppurative 14 days
(Include pregnancy within 3 months of death) Appendicitis

Major findings:
Of operations _____
Of autopsy 12.1.2
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature H. Hopkins (M.D. or other) MD
Address MEXICO MO Date signed 3/24/43

3. (a) PRINT FULL NAME Sterling Wood

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased II-7-1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 17
If less than one day _____ hr. _____ min.

9. Birthplace Clark Co Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W. Wood

13. Birthplace Clark Co Ky
(City, town, or county) (State or foreign country)

14. Maiden name Annie Rankin

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

16. (a) Informant Nannie Wood

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 3-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 3/24/43 (b) Margaret H Mackee
(Date received local Registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 4-43-625

Date Filed MAR 15 1943

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 _____ on the 24
day of March 1943 _____, Registered Apprentice No. _____
working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.