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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

LED JUN 12 1943

Registration District No. 99

Primary Registration District No. 4166

1. PLACE OF DEATH:

(a) County. DeKalb
(b) City or town. Weatherby
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT FULL NAME Robert B. Wood

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

4. Sex Male 5. Color or face W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Daisy May Wood 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 28 1873 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William R. Wood
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Ellen Bolson
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Guy Wood
(b) Address Maysville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Christian Chapel Cemetery

18. (a) Signature of funeral director Pilcher Funeral Home

(b) Address Maysville Mo

19. (a) 5-14-43 (Date received local registrar) (b) C. M. O'Quigley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
(c) City or town Weatherby (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 May day 12 year 1943 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 1943 to May 12 1943 that I last saw him alive on May 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma Prostate 9 mo

Due to...

Due to...

Other conditions. Carcinoma of Spine 6 mo (Include pregnancy within 3 months of death)

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?

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

23. Signature Dr. R. R. Reynolds M.D. or other Do. Address May 13, 43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

1244

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



Cecil T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.