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DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25305

State File No. _____

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
Route #2, Jasper, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural - Mineral Township
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2, Jasper, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN RUSSELL WOOD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased April 19, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation Professional Gambler

11. Industry or business _____

12. Name John Russell Wood

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

14. Maiden name Philadelphia E. Miller

15. Birthplace Stone County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. O. L. Wood

(b) Address Route #2, Jasper, Missouri

17. (a) Burial (b) Date thereof 8-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Aug 3, 1943 (b) Mrs. Ellis Eagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31,
year 1943 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from July 30, 1943 to July 31, 1943
(that I last saw him alive on _____ and that death occurred on the _____ day and hour stated above.)

Immediate cause of death Heart failure
Syphilis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 30g

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 J. Darwin Hayes or other _____
Address Jasper, Mo. Date signed 8-2-43

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

MOTHER FATHER

43-1-613

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..... *Ed [unclear]*

Licensed Embalmer No. *2772*

P. O. Address..... *Orthing*

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.