

FILED OCT 7 1943 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 321

Primary Registration District No. 6084

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Route 2 Nelson, Mo.
(c) Name of hospital or institution: 6 miles south-west of Nelson
(d) Length of stay: In hospital or institution Blackwater Twp lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Hood

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 Single

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

7. Birth date of deceased February 13, 1868 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 15 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Hood
13. Birthplace unknown, Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Howard
15. Birthplace Unknown, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lucy Rennison (sister) (b) Address Route 2, Nelson, Mo.

17. (a) Burial (b) Date thereof 10/1/43 (Month) (Day) (Year)

(c) Place: burial or cremation Heath's Creek Cemetery

18. (a) Signature of funeral director Gwynn Funeral Home (b) Address Sedalia, Mo.

19. (a) Oct 1 1943 (b) Mrs. W. S. Shackelford (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 097
(c) City or town Nelson (rural) 0
(d) Street No. 6 miles south-west of Nelson Blackwater Twp (If outside city or town limits, write "RURAL")
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 28 day year 1943 hour 4:55 minute P. M.

21. I hereby certify that I attended the deceased from 9-26-43 to 9-26-43, 1943 that I last saw him alive on 9-26-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Duration

Due to Prostatic Obstruction & retention

Other conditions (include pregnancy within 3 months of death) 137a

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?

23. Signature: Hubert H. Wells (M. D.) Address Woodville, Mo. Date signed 9-27-43

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

RECEIVED

OCT 7 1949

State of Iowa, Chapter No. 8,

Filed

10-6-49

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

John E. Myers

Licensed Embalmer No. *3220*

P. O. Address *Sedalia, 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.