

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35947
 Do not use this space.

FILED OCT 25 1943

1. PLACE OF DEATH
 (a) County Scott Registration District No. 331
 (b) Township Benton Primary Registration District No. 4486 Registered No. 13
 (c) City Benton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BARTHALOMEW COLUMBUS Woods
 (a) Residence, No. Scott Co St. (If nonresident, give city or town and State) 17
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 2 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed
 HUSBAND OF Susan B (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Ret Farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tenn

FATHER 13. NAME Ballis Earl Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

MOTHER 15. MAIDEN NAME Gennie Michael

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT J F Wood (ADDRESS) Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Metropolis Ill DATE 9-14 1943

19. FUNERAL DIRECTOR (NAME) Welch Funeral Home (ADDRESS) Sikeston Mo

20. FILED Sept. 14 1943 Lora Zimmerman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1943
 22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1943, to Sept 13 1943
 I last saw him alive on Sept 10 1943 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Uremia
518
 Other contributory causes of importance Malignant hypertension
 Date of onset 9-5-43

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) A. D. Ferguson, M. D.
 (Address) Benton Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X16603

RECEIVED

District Health Office No. 2,

District File Number 1043-1354

Date Filed 10-20-43

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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, above space should be left blank.