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5-17-39
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35962

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED NOV 10 1943
Registration District No. 537

Primary Registration District No. 4499

Registrar's No. 98

02
2
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WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Shelby Co.
 (b) City or town Shelbina, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Simpson hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Five days
 (Specify whether
 In this community Entire life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
 (c) City or town Shelbina, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Bragg Wood

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lulu Wood 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased July 23rd 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business Same

MOTHER FATHER

12. Name Ephream A. Wood

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

14. Maiden name June Bragg

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

16. (a) Informant Mrs. Wes Baker

(b) Address Lakenan, Missouri

17. (a) Burial (b) Date thereof 10-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Mellison & Barklee
(b) Address Shelbina Missouri

19. (a) Nov 3 1943 (b) Margaret Wood
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Oct 16
1943 to Oct 20 1943
that I last saw him alive on Oct 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - 12 hr

Due to Chronic Dissecting Aneurysm & Arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 13/a
Of operations _____
Of autopsy _____

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 2

23. Signature E. P. Simpson (M. D. or other) MD
Address Shelbina Mo Date signed Oct 16 1943

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 11-43-1773

Date Filed NOV 5 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ed W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelburne - Vt

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.