

S. No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6438

FILED MAR 14 1944

State File No. \_\_\_\_\_  
Registrar's No. 69

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Berkville Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Community Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 1-mo - 7 days (years, months or days)

3. (a) PRINT FULL NAME George Puddle Wood

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 506-205790

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced Widowed

6. (b) Name of husband or wife Violet Wood 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 2, 1891  
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Linn Town Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Harry Wood

13. Birthplace Berry Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sharp

15. Birthplace Linn Co Mo 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Wood

(b) Address Bethel Mo 0

17. (a) Burial (b) Date thereof 3/12/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shilo Cemetery

18. (a) Signature of funeral director Belmont Grove

(b) Address Bethel Mo 0

19. (a) 3/1/44 (b) Mrs. P. W. Payne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 102

(c) City or town Bethel Mo Rural 10  
(If outside city or town limits, write "RURAL")

(d) Street No. 7 mi N-E Bethel Mo  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day Fifth, year 1944, hour 5:50 A.M., minute 15 A.M.

21. I hereby certify that I attended the deceased from January 29, 1944, to March 5, 1944; that I last saw him alive on March 4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Toxemia

Due to Carcinoma of Stomach

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations No Operations

Of autopsy No 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 A. R. Scholtz (M.D. or other) D.O.  
Address Community Pharmacy, Adams Date signed 3/2/44

1049

(Licensed Embalmer's Statement on Reverse Side)

Shelby

MAR 23 1944

RECEIVED

District Health Officer No. 10.

District File Number 3-44-536

Date Filed MAR 8 1944

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.....

*[Signature]*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. 2719.....

P. O. Address Bethel, 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.