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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1944

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5942

State File No. 15478

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla Twp. Rural... Dillon Mo.,
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ~~Mixxxxxx~~ Ill. (b) County Monroe Co., 11

(c) City or town Millstadt 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Rufus Marion Wood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh. 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Amanda Jane Wood

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

7. Birth date of deceased February 27, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	1	1	hr. min.

9. Birthplace Big Piney, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Nelson Wood
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont
15. Birthplace Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Grover Wood
(b) Address Dillon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 30 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Wood Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address 508 West 8th St., Rolla Mo.,

19. (a) 3-30-44 (Date received local registrar) (b) J Ellis Hauker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1944 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Mar 15, 1944, to Mar 28, 1944;
that I last saw him alive on Mar 28, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (labor - st lower)	1 wk.
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death) 108	

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. E. Feindt (M. D. or other)

Address Rolla mo Date signed 3-30-44

Recorded 4-1-1944 107 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3397

P. O. Address Rolla 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.