

FILED NOV 25 1944

Registration District No. 206

Primary Registration District No. 3006

Registrar's No. 2574

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Cancer Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME GEORGE ROBERT WOOD

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced. M!  
6. (b) Name of husband or wife Sarah Wood 6. (c) Age of husband or wife if alive. 60 years  
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 — 6 1 hr. min.

9. Birthplace Pulaski County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name J N Wood  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name H. S. Wood  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant George Robert Wood, Jr.

(b) Address Lebanon, Mo.

17. (a) Removal (b) Date thereof 10-9-44 (Month) (Day) (Year)  
(c) Place: burial or cremation Lebanon, Mo.

18. (a) Signature of funeral director P. Parkers

(b) Address Columbia, Missouri

19. (a) 10-9-44 (b) Edna H. Barber (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Lebanon - Rural (If outside city or town limits, write "RURAL") 53  
(d) Street No. .... (If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9  
year 1944 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from September 22, 1944 to October 9, 1944  
that I last saw him alive on Oct 9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral pneumonia  
Due to mediastinal emphysema from neck dissection for malignant melanoma of left ear  
Other conditions: 53 (Include pregnancy within 3 months of death)

Major findings: lymph nodes contained metastatic melanoma  
Of autopsy: 53

Duration  
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? ....  
While at work? (Specify type of place) (or) Means of injury 0 (M. D. or other)

23. Signature Nathaniel D. Sving (M. D. or other) 10/9/44  
Address Mo. State Can. Hosp. Date signed 10/9/44

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 11-22-44

**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 M. N. Whitfield  
Licensed Embalmer No. 3893  
P. O. Address Columbia, 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.