

FILED DEC 4 1944
Registration District No. **383**

Primary Registration District No. **5655**

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

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mount Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri State Sanatorium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **328 days** (Specify whether years, months or days)
In this community **328 days**

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Marion Francis Wood**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: **November 22 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **20** If less than one day hr. _____ min.

9. Birthplace **Columbus Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Meat cutter**

11. Industry or business **Grocery store**

MOTHER FATHER { 12. Name **James Patterson Wood**
13. Birthplace **Columbus Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Anne Flowers**
15. Birthplace **Dynsburg Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**

(b) Address **Mo. State San, Mount Vernon, Mo.**

17. (a) **Removal** (b) Date thereof **Nov-12-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carthersville Mo**

18. (a) Signature of funeral director **Smith 7 Home**

(b) Address **Carthersville Mo**

19. (a) **11/15/44** (b) **Audrey Crawford**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11**
year **1944** hour **12** minute **15** A. M.

21. I hereby certify that I attended the deceased from **December 20**, 19**43**, to **Nov. 11**, 19**44**
that I last saw him alive on **November 10**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary tuberculosis** over **6 yrs**

Other conditions **Latent syphilis** ?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **309**
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? _____

White at work? _____ (Specify type of place) (c) Means of injury **0**

23. Signature **As Shive** (M. D. or other) _____
Address **Mo. State San, Mount Vernon** Date signed **11/15/44**

RECEIVED

District Health Officer No. 6,

District File Number 1044-1269

Date Filed NOV 30 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

H. D. Fossett

Licensed Embalmer No.

2201

P. O. Address.....

Mt. Vernon

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.