

FILED DEC 7 1944

Registration District No. **22**

Primary Registration District No. **5798**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **MONROE**
(b) City or town **RURAL - CLAY JUND**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 MI. N.W. OF PARIS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **26 YRS.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 MI. N.W. OF PARIS**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **ARTHUR CHARLES WOOD.**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MAUDE L. WOOD** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **MAR. 27, 1884**
(Month) (Day) (Year)

8. AGE: Years **60** Months **8** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **MONROE Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____

12. Name **CHAS. S. WOOD**
13. Birthplace **MONROE Co., Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **DAVIDELLA FORD**
15. Birthplace **MONROE Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ralph M. Wood**
(b) Address **SHELBYNA, Mo.**

17. (a) **BURIAL** (b) Date thereof **12-2-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE, PARIS**
18. (a) Signature of funeral director **Speed & Blakey**
Paris, Missouri
(b) Address _____

19. (a) **11-30-44** (b) **Otto Hedberg**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **NOV.** day **29**
year **1944** hour **11** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 29**
11 P.M. to **Nov. 29, 1944**
that I last saw him alive on **Nov. 29, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coccyx thromboses** Duration **15 min.**

Due to _____

Due to **94A**

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

Major findings: Of operations _____

Of autopsy **None**

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 _____

23. Signature **F.A. Barnett** (M. D. or other) **MO**
Address **PARIS, Mo.** Date signed **11-30-44**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-44-1949

Date Filed DEC 5 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

Oliver L. Kepley

Licensed Embalmer No.

4225

P. O. Address

Paris, Missouri

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.