

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED SEP 18 1945 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30815**

Registration District No. **157**

Primary Registration District No. **3028**

Registrar's No. **160**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **McCune Brooks 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 **One Year**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Rural 0**
(If outside city or town limits, write "RURAL")
(d) Street No. **7 Mile West Jasper, Mo. 6**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Tom Milford Wood**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single 0**
6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 11 1944**
(Month) (Day) (Year)

8. AGE: Years **1** Months **0** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **Carthage Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business **None**

MOTHER FATHER { 12. Name **Herbert Wood**
13. Birthplace **Jasper Co. Missouri ()**
(City, town, or county) (State or foreign country)
14. Maiden name **Madge Hubbard**
15. Birthplace **Jasper, Co. Missouri 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Herbert Woods**
(b) Address **Jasper, Missouri**
17. (a) **Burial** (b) Date thereof **8-28-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hackney Cem.**

18. (a) Signature of funeral director **Chas. J. Teeter**
(b) Address **Jasper, Mo.**
19. (a) **Aug. 25 '45** (b) **E. Elizabeth Corplein**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **24**
year **1945** hour **12:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Aug 22 1945** to **Aug 24 1945**; that I last saw him alive on **Aug 24 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Streptococcus infection of lungs**
Due to _____
Due to _____

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

Major findings: Of operations **115/15**
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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature **R. H. Webster** (M.D. or other) _____
Address **Carthage Mo** Date signed **Aug 25 1945**

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

1203

45-8-713

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 Chas J. Tetter

Licensed Embalmer No. 2566

P. O. Address Jasper 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.