

**FILED** 30 FEB 1946  
Registration District No. 13

Primary Registration District No. 5468

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural— Taylor Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rogersville, Mo. R.F.D. # 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 Years (Specify whether years, months or days)

In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene **39**

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

(d) Street No. Rogersville, Mo. R.F.D. # 3 **0**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN HARRIS 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 married

6. (b) Name of ~~husband~~ or wife Fannie Wood

6. (c) Age of ~~husband~~ or wife if alive 75 years

7. Birth date of deceased December 29, 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Batesville, Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Henry Nicholas Buruley Wood

13. Birthplace Unknown, Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Auley Wood

15. Birthplace Unknown, Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Wood

(b) Address R.F.D. No. 3, Rogersville, Mo.

17. (a) Burial (b) Date thereof Jan. 13, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director Fred C. Thieme

(b) Address Springfield, Mo.

19. (a) Jan 14 - 1946 (b) Harry C. Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th  
year 1946 hour 3:00 minute AM M.

21. I hereby certify that I attended the deceased from 1-11 1946 to 1-10 1946  
that I last saw h/w alive on 1-10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion

Duration 7 Hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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? Yes (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature Max Jones (M. D. or other) MD

Address Springfield, Mo. Date signed 1-10-46

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**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.....

*Ralph Thieme*

Licensed Embalmer No. 3681

P. O. Address..... Springfield, 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.**