

S. No. 2  
DM-8-43  
v. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 21 1947**  
Registration District No. 266

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5655**  
Registrar's No. 5898

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

1. PLACE OF DEATH  
Ozark  
(a) County Rural-Richland Twp.  
(b) City or town Rural-Richland Twp.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 59 yrs  
In this community 59 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Dan B. Wood  
3. (b) If veteran, name war ----  
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 Maggie Wood  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased April 30 1867  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 8  
If less than one day hr. min.

9. Birthplace Osborn Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business  
12. Name William Wood  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Coil  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Audate Bushon  
(b) Address Dora Missouri  
17. (a) Burial (b) Date thereof 2-10-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wood Cemetery

18. (a) Signature of funeral director Gainesville, Mo.  
(b) Address Gainesville, Mo.  
19. (a) 2-14-1947 (b) Charles Hale  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
Missouri Ozark 77  
(a) State (b) County  
(c) City or town Dora  
(If outside city or town limits, write "RURAL")  
(d) Street No. no (if rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: February 8  
1947 Month 11 day 30 A.M.  
year hour minute  
21. I hereby certify that I attended the deceased from Feb 6<sup>th</sup>  
6<sup>th</sup> 1947, to Feb 8 1947,  
that I last saw him alive on Feb 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocarditis, with thrombosis  
Due to Chronic Prostatitis  
Due to

Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations 931  
Of autopsy

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 0  
23. Signature P. E. Bushon (M. D. or other)  
Address Gainesville, Mo Date signed 2-10-47

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

RECEIVED

District Health Officer No. 6,

District File Number 247-249

Date Filed FEB 19 1947

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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 N. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Gainesville 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.