

FILED APR 22 1947

Registration District No. _____

Primary Registration District No. 3021

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Grundy
 (b) City or town Trenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1633 311 Main St 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 33 years _____ (Specify whether)
 years, months or days

3. (a) PRINT FULL NAME John W. 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 Mathe Wood
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Feb, 21, 1884
 (Month) (Day) (Year)

8. AGE:
 Years 63 Months 1 Days 18
 If less than one day hr. _____ min. _____

9. Birthplace Ellington MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Business Engineer-Conductor

11. Industry or business PR & P.R.

MOTHER FATHER
 { **12. Name** William H Wood
 { **13. Birthplace** UNKNOWN MO
 { **14. Maiden name** AMANDA DILL
 { **15. Birthplace** UNKNOWN TENN
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr John Wood

(b) Address Trenton MO

17. (a) Cause Coronary (b) Date thereof 4-12-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Trenton MO

18. (a) Signature of funeral director James A. Owen

(b) Address Trenton MO

19. (a) 4-12-47 (b) Drene Jarv
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Grundy
 (c) City or town Trenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 311 Main St
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
 year 1947 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from on Apr 8, 1947 to Apr 8, 1947
 that I last saw him alive on Apr 8, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to Arterio Sclerosis
 & myocardial degeneration
 Duration 1 day

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

Major findings:
 Of operations _____
 Of autopsy as above

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)
 (e) Means of injury 0
23. Signature W. J. Harris (M. D. or other)
Address Trenton MO **Date signed** 4/10/47

WRITE PLAINLY—USE UNFADING BLACK INK—WRITE A TELETYPE RECORD

APR 22 1947

MAY 1 1947

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.....

Walter E. Meyer

Registered Apprentice No. *458*

working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No.

3424

P. O. Address

Denton, 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.

FILED MAY 1 1947

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GRUNDY
 (b) City or town TRENTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Res 311 Main St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 33 years
 years, months or days

3. (a) PRINT FULL NAME John W. 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 Nell Wood
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased Feb 21 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 1 18 - hr. - min.

9. Birthplace Ellington Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Railroad Conductor11. Industry or business C.R.I.Y.P.R.R.12. Name William H Wood13. Birthplace UNKNOWN Mo.
(City, town, or county) (State or foreign country)14. Maiden name AMANDA DILL15. Birthplace UNKNOWN TENN
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. John Wood(b) Address Trenton, Mo.17. (a) Burial (b) Date thereof 4-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Magnolia Cemetery, Trenton Mo.18. (a) Signature of funeral director Kay A. Gamm(b) Address Trenton, Mo.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
 (c) City or town Trenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 311 Main St
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 8:15 minute A M.21. I hereby certify that I attended the deceased from on Apr 8 1947 to Apr 8 1947, 19____
that I last saw him alive on Apr 8 1947, 19____
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusionDue to arteriosclerosis
arterial regulation
Due to _____Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations: _____

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 _____23. Signature J. Adams (M. D. or other) _____
Address Trenton Mo Date signed 4/10/47

13238

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

Walter E. Meyer

Registered Apprentice No. 458

working under my personal supervision.

Signed *Raymond A. Damm*

Licensed Embalmer No. 3424

P. O. Address. *Jrenton 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.