

Registration District No. _____ Primary Registration District No. 5465

1. PLACE OF DEATH: GREENE
(a) County Greene
(b) City or town Rural Springfield - Campbell Twp.
(c) Name of hospital or institution: R. F. D. # 4
(d) Length of stay: In hospital or institution 69 years.
In this community 69 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield - Rural
(d) Street No R. F. D. # 4.
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephen Arthur Wood
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 21
year 1947 hour 2 minute 25 P. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
7. Birth date of deceased August 9, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-22, 1947, to 5-21, 1947, that I last saw him alive on 5-20, 1947, and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 69 | 9 | 12 | hr. min. |

Immediate cause of death: Myocardial Infarction
Due to Coronary Arterio Sclerosis
Duration near year

9. Birthplace Christian Co. Mo.
10. Usual occupation Retired Laborer
11. Industry or business Laborer.

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN: Underline the cause to which death should be charged statistically.

MOTHER FATHER {
12. Name Stephen W. Wood Tenn.
13. Birthplace _____
14. Maiden name Rizzie Crain Polk Co. Mo.
15. Birthplace _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. E. M. Beckerdite,
(b) Address R. # 4, Springfield Mo.
17. (a) Burial (b) Date thereof 5/25/47
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director J. W. Klingner & Co.
(b) Address Springfield Mo.
19. (a) 5-23-47 (b) W. E. Handley M.D. (c) Registrar's signature

23. Signature E. Allinghaus
Address Springfield, Mo. Date signed 5/22-47

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

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

Max Rhodes
.....
Licensed Embalmer No. *407*
.....
P. O. Address *Springfield*

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.