

S. No. 2
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5-17-39
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1952

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 16 1948

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Remiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether _____)

In this community 70 years.
years, months or days

3. (a) PRINT FULL NAME George Washington Wood

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Wood 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec. 25 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months _____ Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Meade Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business _____

12. Name Norace Wood

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

14. Maiden name unknown

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof 2-1-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie

18. (a) Signature of funeral director La F. Gray

(b) Address Caruthersville Mo

19. (a) 1-14-1948 (b) Frederic F. Wilkes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) county Remiscot 7
(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No) 5
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11
year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Infantile of old age Duration _____

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy 162 B 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) (c) Means of injury _____

23. Signature Frederic F. Wilkes (M. D. or other) _____

Address Caruthersville Date signed 1-13-48

(Licensed Embalmer's Statement on Reverse Side)

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

79
1
2

1-48-23

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.....

Boyd B. Willis..... Registered Apprentice No. *19*
working under my personal supervision.

Signed *Noel C. Deau*.....

Licensed Embalmer No. *3941*.....

P. O. Address *Cantherville, Miss*.....

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.