No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 16 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. [redacted] 5518

State File No. 8506

Registrar's No. 564

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town rural walker Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 6 Month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Henry~~ Johnson 51

(c) City or town ~~rural walker Twp~~ 2
(If outside city or town limits, write "RURAL")

(d) Street No. Warrensburg.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest Brown Wood.

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eula Wood

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

7. Birth date of deceased Jan. (Month) 9, (Day) 1886. (Year)

8. AGE: Years 62 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Layafette Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Superintendent of School.

11. Industry or business

FATHER
12. Name William Wood. 0
13. Birthplace Layafette Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lilly Brown. 0
15. Birthplace Layafette Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. E. B. Wood.
(b) Address Warrensburg. MO.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/13/ 48. (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg. MO.

18. (a) Signature of funeral director Sweeney Phillips.
(b) Address Warrensburg. MO.

19. (a) 3-13-48 (Date received local registrar) (b) R R Kenney (Registrar's signature) 1-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1948. hour 10 minute 30 P.M.

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

Dead on Arrival

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Dont know
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. S. Hallingsworth Coroner (Date signed 3/13/48)

Address Clinton Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-48-250
Date Filed 3-15-48

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 W. Jack Phillips Registered Apprentice No. 14 working under my personal supervision.

Signed R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.