S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15103

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon - Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 3 days (Specify whether
In this community 32 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater (If outside city or town limits, write "RURAL")
(d) Street No. 413 Short St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Claude 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 Mary M Wood
6. (c) Age of ~~husband or~~ wife if alive 56 years
7. Birthdate of deceased March (Month) - 20 (Day) - 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
59	0	24	hr. min.

9. Birthplace Near Slater, Saline Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Rail Road Trainman
11. Industry or business
FATHER
12. Name L. K. Wood
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susie Frances Worrell
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary M Wood
(b) Address 413 Short St, Slater Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Slater City Cemetery
18. (a) Signature of funeral director Jones & Salzer
(b) Address Slater Mo
19. (a) 4-17-1948 (Date received local registrar) (b) Sidney T Grayson (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 14th year 1948 hour 1 minute 50 P M.
21. I hereby certify that I attended the deceased from April 9, 1948, to April 14th, 1948; that I last saw him alive on April 14, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	4 days
Asthma	1 wk.
Chr. myocardial degeneration	years
Due to Urinary calculi	"
Chr. nephritis	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature O. A. McGurney (M.D. or other)
Address Slater Date signed 4/15/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed
OCT 27 1948

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 James E. Jones

Licensed Embalmer No. 3143

P. O. Address Slater 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.