FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 793

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27342
Primary Registration District No. 6005
Registrar's No. 18

1. PLACE OF DEATH:
(a) County Ralls, Spencer Township
(b) City or town Residence R R # 1, New London
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 87
(a) State Missouri (b) County Ralls
(c) City or town R R # 1 New London
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emmett Teasdale 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 Emma
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May 1, 1881 (Month) (Day) (Year)

8. AGE: Years 67 | Months 3 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Pike County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business xx

MOTHER FATHER
12. Name Marcus Wood
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Sally Keach
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Wood
(b) Address R R # 1 New London Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley
18. (a) Signature of funeral director [illegible]
(b) Address 902 Broadway Hannibal Missouri
19. (a) 8-18-48 (Date received local registrar) (b) W F Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1948 hour 10 minute 05 P M.
21. I hereby certify that I attended the deceased from July 1, 1948 to Aug 17, 1948
that I last saw h~~e~~ alive on Aug 17, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	
Due to: Coronary Disease	
Due to: Arterio-sclerosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 W F Waters (M. D. ~~or other~~)
Address New London, Mo Date signed 8/18/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 8-48-1462
Date Filed AUG 21 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 John S. Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal, Misso

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.