

FILED OCT 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29424

State File No.

Registration District No. 118

Primary Registration District No. 4189

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rosebud
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City of Rosebud (Main St)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether years, months or days)
In this community 3 hours (Specify whether years, months or days)

3. (a) PRINT WILLIAM GEORGE WOOD JR

FULL NAME
(b) If veteran, Unknown (c) Social Security No. 493-07-2041

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife LaVerne Wood 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Feb. 1 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 7 23 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

MOTHER FATHER { 12. Name Wm. G. Wood Sr
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Ida Heidbrink
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Wood
(b) Address 1003 Central, St. Louis, Mo
17. (a) Removal (b) Date thereof 9-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director Hugo H. Dummer
(b) Address Hermann, Missouri
19. (a) Sep 25, 1948 (b) Hermann, Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4234 W. Margaretta Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24th
year 1948 hour 7 minute 45 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.

Immediate cause of death
Suicide--
(with 32 Cal. Revolver
Due to. by own hands)

Due to

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 9-24-48
(c) Where did injury occur? Rosebud Gasconade Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street

(Specify type of place)
While at work No (c) Means of injury 3
23. Signature Hugo H. Dummer Coroner
Address Hermann, Mo 9-25-48
Date signed

RECEIVED
District Health Officer No. 9,
District 5
OCT 5 1948
Date Filed

OCT 5 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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.