No. 2
—1/47
5-17-39

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1948

Registration District No. 234

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 30446

Registrar's No. 44

1. PLACE OF DEATH:
(a) County Moniteau County
(b) City or town California, Mo.
(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 Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town California 1
(If outside city or town limits, write "RURAL")
(d) Street No. East Howard St. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM LASHLEY WOOD
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex W Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased December 28, 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	7	25	..... hr. ..... min.

9. Birthplace Moniteau County, Mo. U
(City, town, or county) (State or foreign country)
10. Usual occupation Engineer
11. Industry or business
FATHER
12. Name James Wood /
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Thurman
15. Birthplace Tennessee /
(City, town, or county) (State or foreign country)
16. (a) Informant Miss Pauline Wood
(b) Address California, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation Burial, Lutheran Cem.
18. (a) Signature of funeral director Williams Funeral Home
(b) Address California, Mo.
19. (a) 8-24-48 (Date received local registrar) (b) F. R. Pokrzy (Registrar's signature) 202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22
year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 21, 1948, to Aug 22, 1948
that I last saw him alive on Aug 22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1 year
Due to: Generalized arteriosclerosis	10 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): /	
Major findings: Of operations: 9 3/2	
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)
(e) Means of injury
While at work?

23. Signature Kenyon Latham (M. D. or other)
Address California, Mo Date signed 8-23-48

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. 9,
District File Number
Date Filed SEP 14 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 H E Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.