

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43115

Registration District No. 221

Primary Registration District No. 5-793

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau Co.
(b) City or town Rural, Linn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jamestown, Mo. Rt. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME John William Wood

3. (b) If veteran, No name war. 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 1869 years

7. Birth date of deceased Dec. 6. (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Jeriah Wood

12. Name Moniteau, Co. (City, town, or county) (State or foreign country)

13. Birthplace Moniteau, Co. (City, town, or county) (State or foreign country)

14. Maiden name Martha Wilson (City, town, or county) (State or foreign country)

15. Birthplace Moniteau, Co. (City, town, or county) (State or foreign country)

16. (a) Informant John Wood

(b) Address Burial

17. (a) (Burial, cremation, or removal) Nov. 3. 43 (Month) (Day) (Year)

(c) Place: burial or cremation Union Cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

19. (a) Nov-3-43 (Date received local registrar) (b) Grace Bentley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jamestown, Mo. Rt. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Sept 16 to Nov 1 1943
that I last saw him alive on Oct 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Aneurysm

Duration Sept 16-43

Due to 8301

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr. R. M. Smith (M. D. or other)

Address Prarie House Date signed 11/3/43

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

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.....

Earl R. Borulin

Licensed Embalmer No.....

2126

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.