

FILED APR 27 1948

Registration District No. **326**

Primary Registration District No. **3059**

Registrar's No. **4200**

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

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Bonne Terre, 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 **lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Thomas Henry Wood**
3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **N**
6. (b) Name of husband or wife **Lena Chartrau** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **August 31 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	7	21	hr. _____ min.

9. Birthplace **Delassus Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business:
12. Name **Nelson Wood**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary McKnight**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Thomas Wood**
(b) Address **Farmington, Mo**

17. (a) **H** (b) Date thereof **4-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkview**

18. (a) Signature of funeral director **C. H. Cozean**
(b) Address **Farmington, Mo.**

19. (a) **4/22/48** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Francois**
(c) City or town **rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **near Farmington**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20** year **1948** hour **2** minute **23** a.m.

21. I hereby certify that I attended the deceased from **Feb 1** 19**48** to **April 20 1948** that I last saw her alive on **April 19 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Abdominal commotio
Due to _____
Duration **8 months**

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

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 _____ (Specify type of place) _____ (Means of injury)

23. Signature **E. R. Walters** (M. D.)
Address **Farmington, Mo.** Date signed **4-22-48**

PHYSICIAN
Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 47

District File Number 448-53

Date Filed 4-26-19

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 *C. Hozean*
.....
Licensed Embalmer No. 4084

P. O. Address Farmington 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13721
State File No. May
Registrar's No. 120

Registration District No. 316 Primary Registration District No. 3059

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(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
In this community _____
years, months or days)

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

3. (a) PRINT FULL NAME Thomas H. Wood
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug Year 1948 hour _____ minute _____ M. _____
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) Aug 31 (Day) _____ (Year)

Due to Coronary Occlusion
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 20 Months 7 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country) Mo
10. Usual occupation _____

Major findings: Of operations _____
Of autopsy No Cancer
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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 _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) _____ (Registrar's signature)

23. Signature H. W. ... (M. D. or other) MD
Address Farmington Mo Date signed 5/29/48

SUPPLEMENTARY

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

W. H. H. H. 11 16