

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13920**

**FILED** APR 17 1946  
Registration District No. **234**

Primary Registration District No. **5796**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County **Moniteau Co.**  
(b) City or town **Rural - S. W. N. of California**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(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

3. (a) PRINT FULL NAME **FRED 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 **Jessie Wood** 6. (c) Age of husband or wife if alive **65** years  
7. Birth date of deceased **Jan 17 1981** (Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **North Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Dr. of Osteopathy**

11. Industry or business

MOTHER FATHER { 12. Name **W. H. Wood**  
13. Birthplace **Leavenworth** (City, town, or county) (State or foreign country)  
14. Maiden name **Baiba Dry**  
15. Birthplace **Ill. 1** (City, town, or county) (State or foreign country)

16. (a) Informant **Ruby Clark**  
(b) Address **Grant City Mo.**

17. (a) **Burial** (b) Date thereof **3-4-46** (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation **Burk Co. California**

18. (a) Signature of funeral director **Thy H. C. H. H. H.**

(b) Address **California**

19. (a) **3-13-46** (b) **H. R. Pope** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Moniteau**  
(c) City or town **Rural Walker** (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **2** year **1946** hour **4** minute **9** M.

21. I hereby certify that I attended the deceased from **Mar. 2** to **Mar. 2**, 19 **46**  
that I last saw him alive on **Mar. 2**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy **46K**

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) \_\_\_\_\_  
(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 **2**

23. Signature **H. R. Pope** (b) **D. O.** Address **California** Date signed **3/8/46**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-16-46

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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.....

*Hugh E. Williams*

Licensed Embalmer No. 3537

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.**