JAN 11 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

42858
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2 Registration District No. 85

(b) Township Primary Registration District No. 1001 Registered No. 1339

(c) City St. Joseph (d) Street No. 1719 Faraon St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN WOOD

(a) Residence, No. 1719 Faraon St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Wood

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11th. 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King City, Mo. 0

FATHER

13. NAME Amiture Wood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

MOTHER

15. MAIDEN NAME Nancy Carver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT Jack A. Wood
(ADDRESS) 2302 Marion St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora DATE Jan. 2nd. 1940

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
(ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Jan 2 1940 H. J. Nettlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st. 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-24, 1939, to 12-31-, 1939
I last saw him alive on 12-30, 1939 Death is said to have occurred on the date stated above, at 7.40 A.m.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of the liver

Date of onset

124 b

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) L. C. Bauman, M. D.
(Address) 412 Kirkpatrick Bldg St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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, above space should be left blank.