

S. No. 2  
DM-5-42  
Rev. 5-17-39  
I X32873

29878

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 13 1942

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 918

11  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Washington Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
53 Ayr Lawn Addition  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Washington Township  
(If outside city or town limits, write "RURAL")

(d) Street No. 53 AyrLawn Addition  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Wood

MEDICAL CERTIFICATION  
Sept. 26

3. (b) If veteran, name war no

20. DATE OF DEATH: Month Sept. day 26  
year 1942 hour 7 minute 50 p. M.

3. (c) Social Security No. NONE

21. I hereby certify that I attended the deceased from Sept. 19  
1942 to Sept. 26 1942;  
that I last saw him alive on Sept. 25 1942  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

Immediate cause of death Broncho Pneumonia Duration 7 Days

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lulu Wood

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 20, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 6 6 hr. min.

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

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

9. Birthplace Huskogee Oklahoma  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings: Of operations \_\_\_\_\_

11. Industry or business Rail road

Of autopsy none

12. Name Bird Wood

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

14. Maiden name Emma Keiffer

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

16. (a) Informant Lulu Wood  
(b) Address 53 Ayr Lawn Add. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Sept. 28-42  
(City, town, or county) (Day) (Month) (Year)  
(c) Place: burial or cremation Resurrection Park Mortuary

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 \_\_\_\_\_

23. Signature S. B. Mc Dow (M.-D. or other) \_\_\_\_\_  
Address St. Joseph, Mo Date signed 9-27-42

107

*Resurrection Park Mortuary*

1243

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1942

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, Sept 26/42  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Emile A. Clark*  
.....  
Licensed Embalmer No. 4238  
.....  
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, fact should be so stated above.