

S. No. 2  
M-5-42  
V. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9719

State File No. ....

Registrar's No. 368

Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution:  
2824 Felix Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not  
In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2824 Felix Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Le Roy Wood  
3. (b) If veteran, name war No  
3. (c) Social Security No. 491-09-3471

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 6th.  
year 1943 hour 12:30 minute P. M.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Jessie M. Wood  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased November 20 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3 1943 to March 6 1943  
that I last saw him alive on March 6 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>3</u>	<u>16</u>	.....hr. ....min.

Immediate cause of death Chronic Myocarditis 4 yrs  
Due to Unknown  
Due to .....

9. Birthplace Denison Iowa  
(City, town, or county) (State or foreign country)

Other conditions Influenza 8 days  
(Include pregnancy within 3 months of death)

10. Usual occupation Secretary  
11. Industry or business Building Industrial Club

Major findings: Of operations None 930  
Of autopsy None  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Charles T. Wood  
13. Birthplace Mt. Vernon Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine S. Mark  
15. Birthplace Shabbona Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie M. Wood  
(b) Address 2824 Felix St., St. Joseph, Mo.

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?

17. (a) Burial, cremation, or removal Burial  
(b) Date thereof 3-9-1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

While at work? (Specify type of place) (Means of injury)  
23. Signature Halter Meierhoffer M. D. or other  
Address 2802 Felix St. Date signed 3/7/43

18. (a) Signature of funeral director Halter Meierhoffer  
(b) Address 13th. & Faraon St., St. Joseph, Mo.  
19. (a) 3-9-43 (b) Rose Heyon  
(Date received local registrar) (Registrar's signature)

1233

OCT 19 1954

---

---

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.....

*Geo E. Daniel*

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri

**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.