

JUN 11 1943
Registration District No. 2 27

Primary Registration District No. 4339 SR 04 Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Paris Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Paris Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Paris Rural
(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: 0

3. (a) PRINT FULL NAME John Leslie 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, 2 divorced Widowed

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased August 2nd 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 8 8 hr. min.

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name James F Wood

13. Birthplace Monroe Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martina Rogers

15. Birthplace Monroe Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wood

(b) Address Shelbina Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/43.
(Month) (Day) (Year)

(c) Place: burial or cremation Paris Mo.

18. (a) Signature of funeral director William Barbeled

(b) Address Shelbina Mo.

19. (a) MAY 29, 1943 (Date received local registrar) (b) Kathryn Penner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1943 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from March 10 to April 10 1943 that I last saw him alive on March 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration: 7 M

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 93d

Major findings: Of operations:

Of autopsy:

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) (c) Means of injury:

23. Signature W. M. ... (M. D. or other) Date signed 5-25-43

RECEIVED

District Health Office No. ~~16-1110~~

District File Number 6-43-1025

Date Filed JUN 9 1943

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 Henry A. Bartelme
Licensed Embalmer No. 3835
P. O. Address Shelburne, Vt.

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.