

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

21848

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

Registrar's No. 111

Registration District No. 383

Primary Registration District No. 5653

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 532 days  
(Specify whether  
In this community 532 days  
years, months or days)

3. (a) PRINT FULL NAME FRANK WOOD

3. (b) If veteran, name war no

3. (c) Social Security No. 491-41-9977

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Jessie J. Leabo

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Sept. 28 1898  
(Month) (Day) (Year)

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

44 9 23 hr. min.

9. Birthplace Walnut Grove Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation cook

11. Industry or business Restaurant

12. Name William W. Wood

13. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Starkey

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

16. (a) Informant E. Merichal, Record Clerk

(b) Address Mo. State San. Maui Vernon, Mo

17. (a) Removal (b) Date thereof June 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo

18. (a) Signature of funeral director W. H. Hatcher, Funeral Home  
(b) Address Excelsior Springs, Mo

19. (a) 6-21-43 (b) Avery Crawford  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. 524 Kansas City  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1943 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from January 1, 1942, to June 19, 1943  
that I last saw him alive on June 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Duration over 2 yrs.

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1381

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

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature J. B. Starkey, M.D. (M. D. or other)  
Address Maui Vernon, Mo. Date signed 6/20/43

RECEIVED

District Health Officer No. 6,

District File Number 643-740

Date Filed JUN 20 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

*H. D. Fossett*

Licensed Embalmer No. 2201

P. O. Address mt. Vernon, cn

**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.**