

S. No. 2
OM-5-43
v. 5-17-39
I X38671

FILED OCT 7 1946
1949

Registration District No. 1002 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town FRANKLIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
TRINITY LUTHERAN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community 2 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN
(c) City or town UNION
(If outside city or town limits, write "RURAL")
(d) Street No. 205 WALLY HOENKLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME JAMES H. WOOD

3. (b) If veteran, name war NO 3. (c) Social Security No. NOT KNOWN

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUBY WOOD 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec 15 - 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Bldg. Material

12. Name Leslie Wood

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

14. Maiden name Mary Louise North
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Ruby Wood
(b) Address 305 Wally Ave Union Mo

17. (a) Removal (b) Date thereof Sept 18 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Mo

18. (a) Signature of funeral director D.W. Newcomer
(b) Address 1401 Bryant Creek N.C. Mo.

19. (a) 9-18-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT 18 / 1946
year 1946 hour 1 minute 20 P M.
21. I hereby certify that I attended the deceased from 9/5/46
/ 19____ to 9/18/46 19____
that I last saw him alive on 9/18/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Duodenal Ulcer - perforating into Pancreas Duration 6 mos

Due to Gastric Resection with Postoperative Pancreatitis

Other conditions (Include pregnancy within 5 months of death) 4 da
Major findings: Old Posterior Ovary Dysfunction PHYSICIAN _____
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) (e) Means of injury _____
23. Signature John H. Gwiz MD (Physician)
Address 1730 Prof Bldg Date signed 9/18/46

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

MOTHER FATHER

MAR 26 1948

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 E. C. Westley

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.