S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4094

FILED MAR 10 1947

Registration District No. 427 Primary Registration District No. 1000 Registrar's No. 277

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 0 (Specify whether
In this community Mostt of e life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 1
(c) City or town St. Joseph 7 (If outside city or town limits, write "RURAL")
(d) Street No. 2707 Patee 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROLLA A WOOD
3. (b) If veteran, name war None
3. (c) Social Security No. Not Stated
4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Lola L.
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased January (Month) 13, (Day) 1883 (Year)

8. AGE: Years 64 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Downs (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation Barber
11. Industry or business Robidoux Barber Shop
FATHER
12. Name John Wood
13. Birthplace Virginia (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Anna Mary Watts
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Lola L. Wood (wife)
(b) Address 2707 Patee St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 3-3-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25, year 1947 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 24, 1947 to Feb 25, 1947 that I last saw him alive on Feb 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Peritonitis	1 day
Due to Ruptured Duodenal ulcer	1 day
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none 117 B
Of autopsy Acute Peritonitis, Ruptured Duodenal ulcer

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature E. M. Chores (M. D. or other) M.D.
Address 317 Kirkpatrick Bldg St. Joseph Mo. Date signed 2-28-47

58 (Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St Joseph Mo

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.