E. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26410

FILED JUL 23 1947

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 1516

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 days (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME WOOD, Adolph M.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Marguarite Wood

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased August (Month) 14 (Day) 1878 (Year)

8. AGE: Years 68 Months 10 Days 27 If less than one day ..... hr. ..... min.

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

10. Usual occupation Doctor

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Registrar

(b) Address VAH-Jefferson Barracks, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-15-47 (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Rowland Mort. Serv. for Hays Fun. Serv - Shelbina, Mo.

(b) Address

19. (a) 7-15-47 (Date received local registrar) (b) Cecil A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 9 minute 15 p M.

21. I hereby certify that I attended the deceased from May 12, 1947 to July 11, 47; that I last saw him alive on July 11, 47; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE, WITH CARDIAC ENLARGEMENT AND MYOCARDIAL FAILURE	Unk
Due to INFARCTS PULMONARY, MULTIPLE WITH PLEURAL EFFUSION	Unk
Due to UREMIA, SECONDARY TO HEART DISEASE.	Unk
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Thoracentesis 7/8/47

Of autopsy None

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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

23. Signature L. E. Stilwell (M. D. or other)

L. E. STILWELL, M.D.

Address VAH-Jefferson Barracks, Mo Date signed 7/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1955

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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address 4355 Washington Ave.

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.