

Registration District No. **42**

Primary Registration District No. **5131**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **Frazier Rural Tarrant Twp**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Frazier, Mo -**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Entire life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Buchanan**
 (c) City or town **Frazier**
(If outside city or town limits, write "RURAL")
 (d) Street No. **FRAZIER**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Levi Alfred Wood**

3. (b) If veteran, name war (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Emma May Wood** 6. (c) Age of husband or wife if alive **62** years
 7. Birth date of deceased **Dec 20 1982**
(Month) (Day) (Year)

8. AGE: Years **65** Months **8** Days **28** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
 12. Name **Gene Wood**
 13. Birthplace **Buchanan Co Mo**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Giddens**
 15. Birthplace **Buchanan Co Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emma Wood**
 (b) Address **Agency Mo**
 17. (a) **Burial** (b) Date thereof **Sept 21-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Frazier Mo**

18. (a) Signature of funeral director **H. A. Sullivan**
 (b) Address **Lowery**
 19. (a) **9-24-48** (b) **B. B. Jenkins**
(Data received local registrar) (Registrar's signature) 29

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **18**
 year **1948** hour **4** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 18**, 19**48**, to **9-18-48**, 19**48**;
 that I last saw him alive on **9-11-48**, 19**48**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis (abdominal)**

Due to **Carcinoma of Caecum**

Due to **with metastasis to peritoneum**

Other conditions **omentum + pelvic structures**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy **H&E**

Duration

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) _____
 _____ (Specify means of injury)
 23. Signature **Joseph L. Fisher** (M. D. or other) _____
 Address **829 Edmund** Date signed **9/24/48**

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

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 A Sullivan

Licensed Embalmer No. *1788*

P. O. Address *Lower Mt*

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.