N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 16 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40889

REC'D DEC 9 1939

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2004

1. PLACE OF DEATH:

(a) County Saint Louis

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

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

(d) Length of stay: In hospital or institution Adm: 11-6-39 (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -

(c) City or town ~~Farmington~~ DOE RUN (If outside city or town limits, write "RURAL")

(d) Street No. -- (If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME John Wood 2071

3. (b) If veteran, name war World

3. (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 Mary E.

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

7. Birth date of deceased May (Month) 2 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
44	6	14	hr. min.

9. Birthplace Doe Run (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer 4

11. Industry or business - 1

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

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

16. (a) Informant's own signature [illegible] V.A.F.

(b) Address Jefferson Barracks, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Farmington - Mo. DOE RUN, MO

18. (a) Signature of funeral director C. Hoffmeister N. & L. C.

(b) Address 7814 S. Broadway

19. (a) NOV 16 1939 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16 year 1939 hour 10 minute 20 A M.

21. I hereby certify that I attended the deceased from November 6 1939, 19__, to November 16, 1939 that I last saw him alive on November 16, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary, chronic, active, far-advanced (C).	Unkn.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations No operation	
Of autopsy No 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C.W.HUGHES, Chief Med. Off. (M. D. or other)

Address VAF., Jefferson Bks., Mo. Date signed 11-16-39

(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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.