

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 28 1942

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16835

State File No.

1003

Registrar's No.

4325

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alonzo Austin Wood

3. (b) If veteran, name war _____ 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 Maude Wood 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March (Month) 12 (Day) 1892 (Year)

8. AGE: Years 50 Months 2 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Pulaska County (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John Wood

13. Birthplace Pulaska County (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Maude Wood

(b) Address Boonville Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/17/42 (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington

19. (a) WAY 16 10A (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town Boonville (If outside city or town limits, write "RURAL") NR
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15 year 42 hour 6 minute 53 P. M.

21. I hereby certify that I attended the deceased from 5/17/42, 19____, to 5/15/42, 19____;

that I last saw him alive on 5/15/42, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Compression fracture 11th dorsal vertebra Duration 8 day

Due to _____

Due to _____

Other conditions Respiratory Embolism (Include pregnancy within 5 months of death) Duration 5 min

Major findings: Fracture Underline the cause to which death should be charged statically.

Of operations Block of Spinal cord
Of autopsy Pulmonary Embolism
Fracture 11th dorsal vertebra

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

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 5/15/42 027

(c) Where did injury occur? Boonville Boone Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NR Farm

While at work? yes (Specify type of place) (e) Means of injury Fall out of

23. Signature R Dean Woolley (M. D. or other) _____

Address 495 2nd Maryd Date signed 5/15/42

AUG 3 1942 9 19 00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 29 1942

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 *Albert G. Hopper*

Licensed Embalmer No. 2971

P. O. Address.....

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, above space should be left blank.