

S. No. 2  
1-9-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31220**

FILED SEP 25 1942  
3

Registration District No. \_\_\_\_\_ Primary Registration District No. **6060**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **St. Clair**

(b) City or town **Collins (Rural)**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Ill.** (b) County **999**

(c) City or town **Peoria** **11**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **2**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Howard J. Wood**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. **478-16-0058**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **6**  
year **1942** hour **9** minute **P.** M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **unmarried**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **April 11 1921**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>21</b>	<b>4</b>	<b>26</b>	hr. _____ min. _____

Immediate cause of death **Fracture of skull right side of head above ear**

Due to **car accident on highway 54 near Collins Mo.**

Due to \_\_\_\_\_

9. Birthplace **Fort Dodge Iowa Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **mechanist**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

1702-6  
27

11. Industry or business \_\_\_\_\_

12. Name **Howard Wood**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Geneva Allen**

15. Birthplace **Fairfield Iowa Ohio**  
(City, town, or county) (State or foreign country)

16. Informant **Howard Wood**

(b) Address **Oak Park, Ill.**

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

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

(b) Date of occurrence **Sept. 6, 1942 09.3**

(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? \_\_\_\_\_

17. (a) **Removal** (b) Date thereof **Sept 8-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Davenport, Ia**

18. (a) Signature of funeral director **Joseph & Hutsler**

(b) Address **Humansville, Mo.**

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Dr. E. O. Brown** (M. D. or other) **D.O.**

Address **Collins Mo.** Date signed \_\_\_\_\_

19. (a) **Sept 7, 1942** (b) **Neta Smiel**  
(Date received local registrar) (Registrar's signature)

1154 (Licensed Embalmer's Statement on Reverse Side)

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

93  
00  
0

OTHER  
COPIES  
MADE BY  
Davenport  
Sept 5 1942  
Misses

SEP 29 1942

JAN 25 1943

MAR 2 1943

RECEIVED  
District Health Officer No. 752  
Debit File Number 9-42-1018  
Date Paid 9-28-42

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 *Ralph A. Joseph*

Licensed Embalmer No. *3149*

P. O. Address. *Humansville*

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.

STATE OF ILLINOIS

COUNTY OF COOK

}  
SS

HOWARD WOOD, being first duly sworn on his oath deposes and says that he is the HOWARD WOOD named in a certain Certificate of Death issued by the Missouri State Board of Health as Informant, that is, the person who gave the information concerning his son, HOWARD J. WOOD, the deceased; that in answer to Question 6(a), he stated that the deceased was 'unmarried,' and not 'married'; that in answer to Question 9, he stated that the deceased was born in Fort Dodge, Iowa, and not Illinois; and that in answer to Question 15, he stated that the mother of the deceased was born in Fairfield, Iowa, and not Ohio;

AFFIANT further deposes and says that the Certificate of Death to which this affidavit is attached is incorrect as above set out and that he knows of his own knowledge that the deceased was at the time of his death unmarried, that the deceased was born in Fort Dodge, Iowa, and that the mother of the deceased was born in Fairfield, Iowa.

Howard Wood

Subscribed and sworn to before me this 2nd day of October, 1942.

Paul Kemp  
Notary Public

JAN 25 1943

31220