

S. No. 2
M-843
7. 5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6426
Registrar's No. 107

Registration District No. 156 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: Freedman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Queneweg 49
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Deane Leonard Wood
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 26
year 1945 hour 5:45 minute 0 M.

4. Sex Male **5. Color of race** White
6. (a) Name of husband or wife Jannet Wood
6. (b) Name of husband or wife if divorced Married
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased: April 27 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 12 1944 to Feb 26 1945
that I last saw h. im alive on Feb 26 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 30
If less than one day hr. _____ min. _____

Immediate cause of death Uræmia
Due to Chronic nephritis
Due to Arterio sclerosis

9. Birthplace: Carlton County, Minn.
(City, town, or county) (State or foreign country)

Other conditions Myocardial degeneration
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy 1318

10. Usual occupation Miner
11. Industry or business _____
12. Name Harvey Wood
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Charbelh
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

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)
(e) Means of injury 0

16. (a) Informant Miss Jannet Wood
(b) Address Queneweg, Mo
**17. (a) Burial (b) Date thereof Feb 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Freedman Hospital
18. (a) Signature of funeral director West City Funeral Co
(b) Address West City, Mo
19. (a) 2-27-45 (b) Gettens Sudhalter
(Date received local registrar) (Registrar's signature)**

23. Signature Ernest Mitchell (M. D. or other) M.D.
Address Joplin Mo **Date signed** 2-27-45

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

19
2
5

1204

(Licensed Embalmer's Statement on Reverse Side)

45-2-165

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 Myself

....., Registered Apprentice No.
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, Mo

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.