

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: 628 South 14th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Delaney Miner Wood
(b) If veteran, name war No
(c) Social Security No. None

4. Sex M 5. Color or race W
6. (a) Name of husband or wife Elsie Wood 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept 20 1896 (Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Brazier (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James Wood
13. Birthplace Brazier (City, town, or county) Mo (State or foreign country)
14. Maiden name Married in Muller
15. Birthplace Brazier (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Elsie Wood
(b) Address 628 1/2 14th St Joseph, Mo
17. (a) Removal (b) Date thereof 5-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Watkins Lane

18. (a) Signature of funeral director Calvin Maitland
(b) Address 5025 Ridgefield St Joseph, Mo
19. (a) 6-2-47 (Date received local registrar) (b) 1/6. G. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph, Mo
(d) Street No. 628 South 14th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6 year 1947 hour 8 minute 45 a.m.
21. I hereby certify that I attended the deceased from Apr 12 1947 to May 6 1947
that I last saw him alive on May 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach Cardio Vascular Renal Disease
Duration 1 yr 6 mo

Due to No
Due to No

Other conditions: No
(Include pregnancy within 3 months of death)

Major findings: No
Of operations No
Of autopsy No
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) No
(b) Date of occurrence No
(c) Where did injury occur? No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

(Specify type of place)
While at work? No (e) Means of injury No
23. Signature Queen W. Stian (M. D. or other) MD
Address 405 7th St Bldg St Joseph, Mo Date signed 6 May 1947

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.....

Licensed Embalmer No. 3023 ms

P. O. Address Washina Kano

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.