

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28
24523
State File No.

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 110

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp.
(c) Name of hospital or institution: Jackson County Home for aged
(d) Length of stay: In hospital or institution 5 yrs. 10 mo. 9 da.
In this community 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence, Mo 4
(d) Street No. 208 1/2 N. Main 4
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME John R. Wood
3. (b) If veteran name war
3. (c) Social Security No.
4. Sex M O 5. Color or race W
6. (a) Single, widowed, married, divorced D 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 12-18-1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2
year 1947 hour 6.05 minute P.M.
21. I hereby certify that I attended the deceased from June 26 to July 2, 1947
that I last saw him alive on July 2, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage
Duration

8. AGE: Years 80 Months 6 Days 14
If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Saline County Mo
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name
13. Birthplace
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Jackson County Home Records
(b) Address R.R. #4 - Indip. Mo
17. (a) Burial, cremation, or removal (b) Date thereof 7-5-47
(c) Place: burial or cremation Woodlawn Cem
18. (a) Signature of funeral director Wm. G. Carson
(b) Address Independence, Mo.
19. (a) Date received local registrar July 3, 1947 (b) Registrar's signature Donald C. Emswiler

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
23. Signature J. W. Seavey (M. D. or other)
Address Independence Date signed 7/13/47

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

MOTHER FATHER

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.....

Harlan H. Meyer....., Registered Apprentice No. *566*
working under my personal supervision.

Signed *Lloyd C. Carson*
Licensed Embalmer No. *4199*
P. O. Address *Independent*

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.