S. No. 2
—11-10-39
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I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5707
932

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 West 74th Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 601 West 74th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Mrs. Mary Ethel Wood 300
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. William R. Wood
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased August (Month) 25 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
77	6	2	hr. min.

9. Birthplace Near Fonda (City, town, or county) New York (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business ----
FATHER
12. Name Orlando W. Eldridge
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Harriet McGlauchlin
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1
16. (a) Informant Mr. Gordon B. Wood
(b) Address 601 West 74th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 29, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery Ottawa, Kansas
18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Feb. 28, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1940 hour 10 minute 10 P. M.
21. I hereby certify that I attended the deceased from Dec 1932, 19__, to Feb 26, 1940;
that I last saw her alive on Feb 23, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 wks
Terminal Pneumonia	4 days
Due to Arteriosclerosis 92 a	
Due to	
Other conditions Rheumatic valvulitis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Rheumatic endocarditis - Bronchiectasis Pyelonephritis - Myxoedema - etc	

PHYSICIAN
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)
(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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G. Hoxie MD (M. D. or other)
Address 1000 Rialto Bldg KCMO Date signed 28 4 40

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth Page Pope

Licensed Embalmer No. 4128

P. O. Address 1309 Brush Creek K.C. 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, above space should be left blank.