S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17299

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1961

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

18
3
8

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: St. Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 46 yrs In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 99

(c) City or town Kansas City (If outside city or town limits write "RURAL") 14 0

(d) Street No. 3049 N 39th. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Bert E. Wood

3. (b) If veteran, name war Spanish American

3. (c) Social Security No. 702-14-5563

4. Sex Male (1)

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Orpha

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 10, 1881 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	11	6	hr. min.

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

10. Usual occupation

11. Industry or business Mo. Pac. Switchman

FATHER
12. Name John Wood
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Vagele
15. Birthplace Greentown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Orpha Wood
(b) Address 3049 N 39th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Orville H. Beckwith
(b) Address 1416 Minnesota Kans City Kans.

19. (a) May 18 1941 (Date received by local registrar) (b) M. M. Conover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16 year 1941 hour 2 minute 55 A M.

21. I hereby certify that I attended the deceased from April 4, 1941, to May 16 - 41, 19__; that I last saw him alive on May 15, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	6 wks
Due to Coronary sclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 E. E. Castle (M. D. or other) M.D.
Address 1002 Argyle Bldg. K.C.Mo Date signed 5-17-41

(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 Orville H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City Kansas

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.