

No. 2
-2-43
-17-39
X3562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42591

State File No. _____

Registration District No. 754

Primary Registration District No. 5575

Registrar's No. 82

1. PLACE OF DEATH: (Washington Twp)
 (a) County Jackson
 (b) City or town Kansas City (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2704 E. Terr 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 20 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. 2704 E. Terr 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

4. Sex M
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cora Wood
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 25 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 3
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Inv. Secretary

11. Industry or business _____

MOTHER FATHER
 12. Name Luis Wood
 13. Birthplace No. Rec. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Christian
 15. Birthplace No. Rec. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Wood
 (b) Address 2704 E. Terr 1
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Dec. 2 1943
(Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. E. ...
 (b) Address 719 ...

19. (a) 12-2-43
(Date received local registrar's certificate) (b) Registrar's signature ...

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 28
 year 1943 hour 5 minute 30 P M.
 21. I hereby certify that I attended the deceased from Nov 22
1943 to Nov 28 19 43
 that I last saw him alive on Nov 28 19 43
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 7 h. hr.
 Duration

Due to Arteriosclerosis + Hypertension
 Due to _____

Other conditions (include pregnancy within 3 months of death) 83a1

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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury 2
 23. Signature C. Blinn Rector (M.D. or other) D.O.
 Address 7204 prospect Date signed 11-29-43

Dr. Amy ... (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Peter

Jan 4 2 11

72nd Prospect

Dr. will come by

STATEMENT BY LICENSED EMBALMER

7110

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 C. H. Wise

Licensed Embalmer No. 2570

P. O. Address 100 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.