

FILED JAN 19 1944

State File No. 5588

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Jackson  
(a) County: Kansas City  
(b) City or town: Kansas City  
(c) Name of hospital or institution: 906 East 11 St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 33 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: Jackson 48  
(a) State: Missouri (b) County: Kansas City  
(c) City or town: Kansas City  
(d) Street No.: 906 E-11 St (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Myrtle Wood

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Dec 25 1943  
year 1943 hour 9 minute a M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Coronary thrombosis with myocardial infarction

3. (b) If veteran, name war: no  
3. (c) Social Security No: no

4. Sex: Female  
5. Color or race: White  
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: John D Wood  
6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Dec 25 1880  
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 28  
If less than one day: 20 hr. min.

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

10. Usual occupation: housewife

11. Industry or business: \_\_\_\_\_

12. Name: Thomas A Burkhead

13. Birthplace: Iowa (City, town, or county) (State or foreign country)

14. Maiden name: Emma Annie Miller

15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: W. C. Wood  
(b) Address: 4014 Anderson

17. (a) Burial (b) Date there: Dec 28 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood  
(d) Signature of funeral director: Mrs. P. L. Foster  
(e) Address: 718 Brooklyn  
(f) Date received local registrar: 12-28-43 (g) Registrar's signature: D. C. Brown

Duration: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: See above

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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature: [Signature] 3  
Address: \_\_\_\_\_ Date signed: 12/28/43

MOTHER FATHER

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

**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

*Theron A. Redman*  
.....  
Licensed Embalmer No. *2737*  
.....  
P. O. Address *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, fact should be so stated above.**