S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36989

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4708

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: Major Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 9-14-44 (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson,
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. 5411 Falmouth Road,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Miss Eleanor B. Wood

3. (b) If veteran, name war no.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife x

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

7. Birth date of deceased August (Month) 28 (Day) 1896 (Year)

8. AGE: Years 48 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Samuel Wood,
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mrs. Sarah Bottenning
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sarah B. Cunning,
(b) Address 5411 Falmouth Rd., Kansas City, Kas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-44 (Month) (Day) (Year)
(c) Place: Woodlawn Cem Indp. Mo

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-22-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st
year 1944 hour Eight minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 14th, 1944, to Nov 21st, 1944
that I last saw her alive on Nov. 21st, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	very sudden
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

92 b

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 Herman S Mayer (M. D. or other)
Address 3100 Euclid ave K C Mo Date signed 11/24/44

(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.....

Licensed Embalmer No. 1415

P. O. Address.....

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.