

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 13 1945
Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 322

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
924 Glenwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 Mos. 12 Das.
years, months or days)

3. (a) PRINT FULL NAME GEORGE ALBERT WOOD

3. (b) If veteran, name war _____ 3. (c) Social Security No. 482-03-0375

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine B. Wood 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased March 31, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 7 2 hr. min.

9. Birthplace Lockport, New York
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business National Bis. Co. Texas.

12. Name George D. Wood

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

14. Maiden name Lucy Baird

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

16. (a) Informant Mrs. Katherine B. Wood

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 11/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Missouri

18. (a) Signature of funeral director Robert P. Speck

(b) Address Independence, Missouri

19. (a) 11-5-45 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999
(c) City or town Amarillo 41
(If outside city or town limits, write "RURAL")
(d) Street No. No Data
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1945 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1 to Nov 3
that I last saw him alive on Nov 2 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Bladder Duration 1 year

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 52K

Of autopsy _____

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) (e) Means of injury _____

23. Signature James W. Ross (M. D. or other) _____

Address Farmington Station Date signed 11-5-45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

APR 29 1947

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

working under my personal supervision.

Signed

Licensed Embalmer No.

3604

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.