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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED FEB 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. **6027**
Registrar's No. **7**

Registration District No. **154**

Primary Registration District No. **5515**

1. PLACE OF DEATH:
 (a) County Jackson *(Rural)*
 (b) City or town Kansas City *(Washington St.)*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Armour Home **4**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 YRS.
 (Specify whether years, months or days) **7 Yrs.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City *(Rural)*
 (If outside city or town limits, write "RURAL")
 (d) Street No. 81st & Wornall Rd.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nell Wood Erwin
 (b) If veteran, name war World War I
 (c) Social Security No. ?
 4. Sex Female 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife OMAR ERWIN
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 27, 1882
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 18,
 year 1946. hour 9 minute 30 M.
 21. I hereby certify that I attended the deceased from Jan 18 1946
 that I last saw him alive on Jan 15, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 11 Days 21
 If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion **1 Day**
 Duration _____

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

Due to _____
 Due to _____

10. Usual occupation Nurse

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

11. Industry or business Armour Home

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____ **9/10**
 Underline the cause to which death should be charged statistically.

12. Name William Wood

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

14. Maiden name Emma Cusey Wood

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

16. (a) Informant Nora Lee

(b) Address Rich Hill Missouri

17. (a) Burial (b) Date thereof 1/21/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisburg, Mo.

18. (a) Signature of funeral director Edward B. Kerigan

(b) Address Louisburg, Kansas

19. (a) Jan 25 1946 (b) Dr. Anna B. Hedges
 (Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury _____

23. Signature Edward M. [unclear] (M. D. or other) **MD**
Address Rich Hill **Date signed** 1-25-46

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

*Dr. Owen P. McKeown
Pres. Bd. Hy.*

MAR 8 1948

MAR 4 1948

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 *Ward B. Ruyon*
Licensed Embalmer No. *3222*
P. O. Address *Jonesburg, 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, fact should be so stated above.