S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1946

State File No. 13439

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1981

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: General Hospital No. 1 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 hrs. (Specify whether years, months or days)

In this community 21 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 99

(c) City or town Shawnee (If outside city or town limits, write "RURAL") 14

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME ~~Roy Wood~~ Ray Wood

3. (b) If veteran, name war no

3. (c) Social Security No. 495-09-0391

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Wood

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept (Month) 1 (Day) 1891 (Year)

8. AGE: Years 54 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Topeka Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Meat Cutter

11. Industry or business

FATHER 12. Name John Wood

13. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

MOTHER 14. Maiden name Florence Cook

15. Birthplace West Virginia (City, town, or county) 1 (State or foreign country)

Corr. by-aff. Mayne 5-1-46 Mc State

16. (a) Informant Elizabeth Wood

(b) Address Shawnee Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Owen H. Gobin

(b) Address 20 W. Linwood

19. (a) 4-29-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1946 hour 5 minute 5 P. M.

21. I hereby certify that I attended the deceased from April 26, 1946, to April 27, 1946; that I last saw him alive on April 27, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease with auricular rupture

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 D

Major findings: Of operations

Of autopsy See above

Duration

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 Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 4-29-46

(Licensed Embalmer's Statement on Reverse Side)

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

12345

Dr Lamar

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 Charles M Cerwk

Licensed Embalmer No. 3774

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No.
Local Registrar's No. 1981

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of May, 1946, before me appears Mrs. Elizabeth Wood, who, upon her oath, states that the original record of ~~birth~~ death for Ray Wood, ~~born~~ died April 27, 1946, in the State of Missouri, and which was filed at Kansas City on 4-29, 1946, should be corrected as follows:

Item No. 3 should read Ray Wood
Instead of Roy Wood

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Elizabeth Wood wife
Relationship.

Shawnee Kansas
Present Address.

Subscribed and sworn to before me this 6th day of May, 1946.

My Commission expires Oct. 20. 1947. Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

13439