

S. No. 2  
 DM-2-43  
 v. 5-17-39  
 A-1 X35597

16928

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED** MAY 20 1946

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

Primary Registration District No. 1002

Registrar's No. 2123

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 weeks  
(Specify whether  
 In this community since 1909  
years, months or days)

3. (a) PRINT FULL NAME Miss Frances Wood  
 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, single  
 6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
 7. Birth date of deceased May 1 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 0 7 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER  
 12. Name Will H. Wood  
 13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
 14. Maiden name Wilhelmina Durritts  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Kessinger,  
 (b) Address 414 W. 58th Ter., Kansas City, Mo.

17. (a) burial (b) Date thereof 5-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall, Missouri

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

19. (a) 5-10-46 (b) Eveline Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson, 44  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4400 Warwick Boulevard  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
 year 1946 hour \_\_\_\_\_ minute A. M.

21. I hereby certify that I attended the deceased from Aug 7, 1945, to May 8, 1946,  
 that I last saw her alive on May 7, 1946,  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Failure  
with Auricular Fibrillation  
 Due to Hypertensive Pulmonary Heart Disease  
 heart disease  
 Duration 3 weeks  
5 yrs.

Other conditions Renal anemia  
(Includes pregnancy within 3 months of death)

Major findings: Of operations 1860  
 Of autopsy no  
 PHYSICIAN 18  
 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) Bitten by hip March 1946  
 (b) Date of occurrence March 1946  
 (c) Where did injury occur Kansas City, Jackson, Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home.

While at work? no (Specify type of place)  
 (e) Means of injury Fall  
 23. Signature Hans Clayton (M. D. or other) M.D.  
 Address 924 Pinyon, K.C. Mo. Date signed 5-9-46

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

Frank Kelly  
Carrick, Pa.

APR 21 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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address N.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.