

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20800
Registrar's No. 2686

FILED JUL 19 1946

Registration District No. 149 Primary Registration District No. 1002

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1300 Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME WILLIAM JOHN WOOD

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys Wood 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased November 15 1894/1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 11 Days 7 1 1
If less than one day hr. min.

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

10. Usual occupation Retired Advertising salesman

11. Industry or business X

MOTHER FATHER

12. Name William John Wood

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

14. Maiden name Josephine Pollock

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

16. (a) Informant Mrs. Gladys Wood

(b) Address 1300 Penn

17. (a) Burial (b) Date thereof June 18 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. Mo.

19. (a) 6-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16
year 1946 hour 4:15 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner, 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Bronchopneumonia
Duration

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations.....

Of autopsy yes as above
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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Geraldine Holmes (M. D. or other) MD
Address 1429 Myrtle Date signed 6-17-46

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

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..... *Chas E. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *K.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.