

FILED OCT 4 1947
Registration District No. **197**

Primary Registration District No. **1002**

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

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 **ST. LUKES HOSPITAL 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 DAYS**
(Specify whether years, months or days) **2 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **#527 BROADWAY**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MR. GLEN H UNDERWOOD**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **521-10-0084**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MRS. THELMA M. UNDERWOOD** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **SEPTEMBER 2 - 1906**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	0	22	hr. min.

9. Birthplace **CLINTON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **OPERATIONS MANAGER**

11. Industry or business **UNIVERSAL CREDIT CORP.**

12. Name **JAMES UNDERWOOD**

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

14. Maiden name **CORA GUTTERIDGE**

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

16. (a) Informant **MRS. THELMA M. UNDERWOOD**

(b) Address **4527 BROADWAY**

17. (a) **REMOVAL** (b) Date thereof **SEPT 26 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PUEBLO COLORADO**

18. (a) Signature of funeral director **W. H. Newcomer**

(b) Address **1401 BRUSH CREEK BLDG.**

19. (a) **9-26-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **24TH**
year **1947** hour **12** minute **NOON**

21. I hereby certify that I attended the deceased from **Sept 18**
1947 to **Sept 24** 1947
that I last saw him alive on **Sept 24** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

ventricular fibrillation
Due to **myocardial infarction**
Coronary occlusion

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations

Of autopsy **massive myocardial infarction**

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 **Richard M. Stony** (M. D.)
Address **Baloney Bldg** Date signed **9/25/47**

PHYSICIAN

Underline the cause of which death should be charged statistically.

NOV 5 1947

NOV 22 1947

NOV 13 1947

W. C. [redacted]
215 Plaza Medical Bldg,
12-5-46. W. Luke's Shop.

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 E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.