S. No. 2
M—2-43
5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 112934

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 1952

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: OSTEOPATHIC HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)

In this community: 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: CLAY

(c) City or town: NO. KANSAS CITY, MO.
(If outside city or town limits, write "RURAL")

(d) Street No.: ROUTE 8
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: MR. RAYMOND N. UNDERWOOD

3. (b) If veteran, name war: no

3. (c) Social Security No. 536-10-3891

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MRS. LOIS UNDERWOOD

6. (c) Age of husband or wife if alive: 40 years

7. Birth date of deceased: NOV. (Month) 25 (Day) 1901 (Year)

8. AGE: Years 46 | Months 5 | Days 10 | If less than one day: hr. min.

9. Birthplace: Galesburg (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: M. & O. TRUCK LINE

11. Industry or business:

12. Name: CHARLES UNDERWOOD (FATHER)

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

14. Maiden name: ANITA Juanita Hibbard (MOTHER)

15. Birthplace: Kansas (City, town, or county) (State or foreign country)

16. (a) Informant: MRS. LOIS UNDERWOOD

(b) Address: ROUTE 8 NO. K.C., MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 5-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation: MT. WASHINGTON

18. (a) Signature of funeral director: STINE & MCCLURE

(b) Address: KANSAS CITY, MO.

19. (a) 5-6-48 (Date received local registrar) (b) Geraldine Helmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5 year 1948 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 24, 1948, to May 5, 1948, that I last saw him alive on 5-5, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abdominal Peritonitis	3 days
Due to: Ruptured gangrenous appendix	10 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings of operation: Ruptured gangrenous appendix	
Of autopsy: Peritonitis	

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: [illegible] (M. D. or other) D.O.

Address: 1018 Winner Rd. Date signed: 5/6/48

(Licensed Embalmer's Statement on Reverse Side) Indep. Mo

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.....KC. 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.

State of Missouri } ss.
County of Jackson

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 12934
Local Registrar's No. 1952

On this 31st day of March, 1949, before me appears Lois Underwood who, upon her oath, states that the original record of ~~birth~~ death for Raymond N. Underwood ~~born~~ died May 5, 1948, in the State of Missouri, and which was filed at Kansas City on 5-6-, 1948, should be corrected as follows:

Item No. 3a should read Ray N. Underwood

Instead of Raymond N. Underwood

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 Lois Underwood Wife
Relationship.

913 Holmes
Present Address.

Subscribed and sworn to before me this 31st day of March, 1949.

My Commission expires Oct. 21. 1951 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—8-43
I X37817

S-12934