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43
39
36671

FILED NOV 16 1948

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:
Long Nursing Home, 1441 Indep. Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. 9 days
(Specify whether years, months or days)

In this community 4 years 4
(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. 3600 Morrell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. LUCY JANE WOOD

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nolan J. Wood 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased June 22 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28th
year 1948 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from 18 AUG 1948 to 28 OCT 1948
that I last saw her alive on 13 OCT 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83	4	6	hr. min.
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Immediate cause of death Cardiac insufficiency 3 wks.

Due to Coronary Sclerosis 10 YRS.

HYPERTENSION - 5 YRS.

Due to Generalized arteriosclerosis 10 YRS.

Other conditions NONE
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

PHYSICIAN

Major findings: NONE

Of operations NONE

Of autopsy NONE

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Huey Honeicker

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

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

16. (a) Informant Thos. J. Wood

(b) Address 3600 Morrell

17. (a) Burial (b) Date thereof 10-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo.

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.

19. (a) 10-28-48 (b) St. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury James W. Downey
23. Signature James W. Downey (M. D. or other)
Address 800 Angyle Bldg K.C. Mo. Date signed 28 Oct 48

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

