

FILED SEP 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30668**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3897			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp.				d. STREET ADDRESS (If rural, give location) 4028 Prospect Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Iva		b. (Middle) E.		c. (Last) WOOD		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1949			
5. SEX Fe.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Single		8. DATE OF BIRTH 1899 Sept. 18, 1889			
9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steno.			10b. KIND OF BUSINESS OR INDUSTRY U. S. Govt.			11. BIRTHPLACE (State or foreign country) Pattonville Mo.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Wm. C. Wood		13b. MOTHER'S MAIDEN NAME Mary C. Yost		14. NAME OF HUSBAND OR WIFE --		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Lester G. Wood,		ADDRESS 4028 Prospect, K. C., Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Mitotic Carcinoma				Unknown	
				DUE TO (c) Carcinoma of Cervix				Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 14, 1949 , to Sept 7, 1949 , that I last saw the deceased alive on Sept 7, 1949 , and that death occurred at 9:15 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE James E. Keeler (Degree or title) MD				23b. ADDRESS 315 Hemlock Road				23c. DATE SIGNED 9-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9/10/49		24c. NAME OF CEMETERY OR CREMATORY Prairie City Cemetery		24d. LOCATION (City, town, or county) (State) Prairie City, Mo.			
DATE REC'D BY LOCAL REG. 9-9-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Hellody-McGilley-Elyar, ADDRESS K.C., Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

~~Dr. Heiler~~
~~Dr. Harold Gannoy~~ - Vax 400

Clays Med. Bldg -

Thru -

Fri - all day (10-5)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Glen E. Heck

Licensed Embalmer No. *4863*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.