

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37327

4718

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
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. LENGTH OF STAY (In this place) 27 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3 2 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident				d. STREET ADDRESS (If rural, give location) 2201 Highland 3 2 0					
3. NAME OF DECEASED (Type or Print) Clara M. Clay Wood			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Nov. 5, 1950		(Month) (Day) (Year)							
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH July 7, 1923			
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Kansas City, Missouri 2			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Melvin Brown		13b. MOTHER'S MAIDEN NAME Clara Sawyer		14. NAME OF HUSBAND OR WIFE Robert Wood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Wood, 2201 Highland					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mechanical Issues</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Toxemia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>48 hrs.</u> <u>5701</u> <u>2 hrs.</u>	
19a. DATE OF OPERATION 11/5/50		19b. MAJOR FINDINGS OF OPERATION <u>Extensive Gangrene of ilium</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. by or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Ad					
22. I hereby certify that I attended the deceased from 11-3-1950, to 11-5-1950, that I last saw the deceased alive on 11-5-1950, and that death occurred at 6 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Theo S. Gage (Deceased or title)				23b. ADDRESS 4203 E. 17th St. No 2		23c. DATE SIGNED 11/7/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/9/50		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 11-8-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. 1729 Lydia		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hager
420 38 17 u
Ch 5908

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *J. Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.