

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24055**
Registrar's No. **3195**

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 5918 E 48th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) L c. (Last) Wood		4. DATE OF DEATH (Month) (Day) (Year) July 21, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 4 - 1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY ASH + DOOR	9. AGE (In years last birthday) 84 - IF UNDER 1 YEAR: Months _____ Days _____ - IF UNDER 24 HRS: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN L. WOOD		13b. MOTHER'S MAIDEN NAME VICKERS	
14. NAME OF HUSBAND OR WIFE MRS. FANNIE WOOD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. FANNIE WOOD ADDRESS 5918 E 48th, K.C.M.O.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diagnosis undetermined. Carcinoma of recto sigmoid ANTECEDENT CAUSES recto sigmoid Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 June 27 , 1956, to July 21 , 1956, that I last saw the deceased <input checked="" type="checkbox"/> alive on July 21 , 1956, and that death occurred at 1:00A m., from the causes and on the date stated above.			
23a. SIGNATURE B. I. Burns (Degree or title) c		23b. ADDRESS 24th and Cherry	
23c. DATE SIGNED 7-22-56			
24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE July 23-56	
24c. NAME OF CEMETERY OR CREMATORY Inglewood Cemetery		24d. LOCATION (City, town, or county) (State) CLINTON, MISSOURI	
DATE REC'D BY LOCAL REG. 7-23-56		REGISTRAR'S SIGNATURE Neva Minshall	
FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons		ADDRESS 1321 Bush Creek K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Edward M. Stoney*.....

Licensed Embalmer No. *445*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.