

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

1. PLACE OF DEATH:

(a) County Jackson **3**
 (b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3516 Summitt
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo
(If outside city or town limit write "RURAL")
 (d) Street No. 2809 Linnwood Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
 year 1940 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 24, 1940 to April 29, 1940
 that I last saw her alive on April 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
t. uraemia
 Duration years

Due to 93

Due to Chronic Myocarditis months

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Josephine Dickerson Wood **000**

3. (b) If veteran, name war No 3. (c) Social Security No. no

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife George A. Wood 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 15 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>1</u>	<u>14</u>	_____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

12. Name Daniel Dickerson

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

14. Maiden name Mary Holstom

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

16. (a) Informant Mrs. H.A. Bettis

(b) Address New Castle Wyo.

17. (a) Burial (b) Date thereof May 1 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brookline Kansas City, Mo

19. (a) April 30, 1940 (b) M. M. Crine
(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) no
 (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?
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(Specify type of place) _____
 While at work? _____ (e) Means of injury !

23. Signature John G. Lark (M. D. or other) MD
 Address 13014 Professional Bldg Date signed 4/30/40

CP: 10/1

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

Denzil C. Browning

Licensed Embalmer No. *2724*

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 this body is not embalmed, above space should be left blank.