

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2037

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  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Days  
(Specify whether  
In this community 13 Days  
years, months or days)

3. (a) PRINT FULL NAME Mr. Clarence N. Wood <sup>300</sup>

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

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

6. (b) Name of husband or wife Mrs. Dixey Phister Wood 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 18 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 2 28 hr. min.

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

10. Usual occupation Owner

11. Industry or business Garnett Oil Co. - Garnett, Kans

12. Name Melvin C. Wood

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

14. Maiden name Anna Leitzbach

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

16. (a) Informant Mont Wood

(b) Address 3027 Troost N. E. Mo.

17. (a) Cremation (b) Date thereof May 16, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 16, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Anderson

(c) City or town Garnett  
(If outside city or town limit, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th  
year 1940 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 5, 1940  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him alive on 5/16/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Metastases to liver  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy As above

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Edw. H. Schlinger (M. D. or other) MD

Address 500 Professional Bldg Date signed 5/16/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1500 Professional Body  
2-4

**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 W. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address A. C. M. O.

**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.**