

FILED SEP 15 1942

Registration District No. 130

Primary Registration District No. 5572

Registrar's No. 04

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural Prairie
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Jackson County Emergency Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 hrs
 In this community 2 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town 722 So Main
 (If outside city or town limits, write "RURAL") (Independence Mo)
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rosa Mary Wood

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

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct-16-1887
 (Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Fort Scott Kan
 (City, town, or county) (State or foreign country)

10. Usual occupation Home work

11. Industry or business Home

12. Name Wallace Osborne

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

14. Maiden name Mary Hall

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

16. (a) Informant Records Jackson County Emergency

(b) Address Little Blue Mo

17. (a) Removal (b) Date thereof 8-30-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Scott Kan

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee's Summit Mo

19. (a) Sept 1, 1942 (b) F. W. Schick
 (Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 30
 year 42 hour 2: 30 Minute 10 M.

21. I hereby certify that I attended the deceased from _____ 19____;
1942 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute pneumonia Duration _____

Due to Bunch pneumonia with emphysema

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 90 ft Of autopsy See above PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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) _____ (a) Means of injury _____

23. Signature [Signature] (M. D. or P. D.) _____
 Address [Address] Date signed 8/30/42

SEP 21 1942

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.....

N. B. Langford

.....
Licensed Embalmer No.

3833

P. O. Address.....

Leis Summit

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, fact should be so stated above.