

Registration District No. **149**

Primary Registration District No. **1002**

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

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 K. C. General Hospital No. 10
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital 2 mo. (Specify whether years, months or days)
 In this community 56 Years

3. (a) PRINT FULL NAME P. Abbie Wood
3. (b) If veteran, name war. No **3. (c) Social Security No.** None

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married. 2 divorced, Widowed
6. (b) Name of husband or wife Mr. John W. Wood **6. (c) Age of husband or wife if alive** ---- years
7. Birth date of deceased June 20 1859
 (Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 1 If less than one day hr. --- min.

9. Birthplace Washington Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----

12. Name Judge Amos Parker Foster

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

14. Maiden name Sarah Gale

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

16. (a) Informant Mrs. Agnes Wood Johnson

(b) Address 5140 Walrond Avenue

17. (a) Burial Forest Hill Cemetery **(b) Date thereof** June 25, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-23-43 **(b) P. E. Brown**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2620 E. 30th Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
 year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 20 1943 to June 21 1943
 that I last saw her alive on June 21 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
pulmonary edema and congestion

Due to Fracture right femur from old fall

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

Major findings: Of operations ----
 Of autopsy see 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) Means of injury ----

23. Signature Amey R. Thon (M. D. or other)
Address Med. Dir. K.C. General Hosp. Date signed 6/23/43

Duration ----
 PHYSICIAN ----
 Underline the cause to which death should be charged statistically.

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..... *Emile M Calhoun*

Licensed Embalmer No..... *2506*

P. O. Address..... *K-e no*

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.

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