S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

24149

State File No.

AUG 11 19[redacted]

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3265

**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: 1105 East 11th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1105 East 11th Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Cora Mae 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, divorced Married /

6. (b) Name of husband or wife Lee Q. Wood

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 20, 1882
(Month) (Day) (Year)

8. AGE: Years 61 | Months 5 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace Carrol County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William F. Clark
13. Birthplace Alabama /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name France Harkelroad
15. Birthplace Tennesse /
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Q. Wood

(b) Address 1105 East 11th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-27-43
(Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 7-26-43 (Date received local registrar) (b) T. E. Brown Dep. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 24
year 1943 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Deputy, to Coroner, 19__;
that I last saw her alive on 7/24 1943;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Acute Coronary Occlusion | |
| Due to | |
| Due to 940 | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other) M.D.

Address 23rd McCoy Date signed 7/25/43

(Licensed Embalmer's Statement on Reverse Side)

## 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. Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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, fact should be so stated above.**