

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3757E

Registrar's No.

4760

Registration District No. 149

Primary Registration District No. 1002

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: NORTHEAST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-DAYS
(Specify whether
In this community 14 YEARS
years, months or days)

3. (a) PRINT FULL NAME MRS. VIVA ARTHUR Woods

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

4. Sex FEMALE 5. Color of race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. ARTHUR J. WOOD 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased. MARCH 4 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 5 If less than one day hr. min.

9. Birthplace ATCHISON COUNTY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name J. WILLIAM ARTHUR

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

14. Maiden name MARY LANE NEAL

15. Birthplace ATCHISON COUNTY KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ARTHUR J. WOOD

(b) Address 3418 EAST 29TH STREET

17. (a) ~~BURIAL~~ (b) Date thereof Nov 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAWRENCE, KANSAS

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

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 11-10-43 (b) J. 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. 3418 EAST 29TH 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 11 day 9
year 43 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from 11
9, 1943 to 11 - 9, 1943

that I last saw her alive on 11 - 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial Degeneration 3 day

Due to Toxemia from Intestinal Obstruction 3 day

Due to Shock from adhesions of previous surgery

Other conditions (Include pregnancy within 3 months of death)

Major findings: Intestinal Obstruction
Of operations: (70 cm) from adhesions
Of autopsy: 12215

Duration

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 work) (2) Means of injury

23. Signature J. E. Brown (M. D. or other) D. O.
Address 3800 E 27th St. No. Date signed 11-9-43

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

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..... *H. C. Newcomer Jr*

Licensed Embalmer No..... *4043*

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, fact should be so stated above.