

FILED JUL 15 1944 2

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 719

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) Most of her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 634 Bon Ton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Susan Louise Wood

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife if alive John C. Wood 6. (c) Age of husband or wife if alive years 6, 1874 (Day) (Year)

7. Birth date of deceased April 6, 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	3	0	hr. min.

9. Birthplace Westmoreland County, Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles M. Morgan Heim

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

14. Maiden name Katherine Schoup

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

16. (a) Informant Mrs. Betty Montgomery

(b) Address 3000 Tracy, Kansas City, Mo.

17. (a) Burial (b) Date thereof July 8, 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Mrs. E. S. IDENFADEN

(b) Address 602 South 10th Street

19. (a) 7-7-44 (b) Helen J. Finkle (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th. 1944
year 5:40 AM hour minute M.

21. I hereby certify that I attended the deceased from March 10, 1944, to July 6, 1944, that I last saw her alive on July 5, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis independent degeneration. Duration _____

Due to Paralysis Agetata. 7 yrs

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Dr. N. N. Ferguson (M. D. or other) 100

Address 11 Independent Bldg Date signed July 21/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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

MOTHER FATHER

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.....

Mollie E. Sidenfaden

Licensed Embalmer No.....

4235

P. O. Address.....

St. Joseph, 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.