

THE STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 4 1944

4591

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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:
 5736 INDIANA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community... 18 YEARS
(Specify whether years, months or days)

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... 5736 INDIANA AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME... MR THOMAS AUSTIN WOOD, SR

3. (b) If veteran, name war No

3. (c) Social Security No... 487-01-3178

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th
 year 1944 hour 1 minute 05 P.M.

4. Sex... MALE

5. Color or race... WHITE

6. (a) Single, widowed, married, divorced... MARRIED

6. (b) Name of husband or wife... MRS. MABLE WOOD

6. (c) Age of husband or wife if alive... 33 years

7. Birth date of deceased... FEB 24 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1944 to Nov 11 1944
 that I last saw ~~him~~ alive on Nov 11 1944
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
36	8	16/17	_____ hr. _____ min.

Immediate cause of death... carcinoma of testes with metastases

Due to... — 516

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

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

10. Usual occupation... SALESMAN

Major findings:
 Of operations... bp. 7/5/44
 Metastases of carcinoma testes

Of autopsy... —

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

11. Industry or business... H. O. LEE + STANDARD BRANDS

12. Name... FRANK WOOD

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

14. Maiden name... DAISY JOB

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

16. (a) Informant... MABLE WOOD

(b) Address... 5736 INDIANA AVENUE

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof... NOV. 14 1944
(Month) (Day) (Year)

(c) Place: burial or cremation... LOUISBURG KANSAS

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? _____

18. (a) Signature of funeral director... D. W. Newcomer's home

(b) Address... 1401 Brush Creek Blvd. K.C. Mo.

19. (a) 11-14-44 (Date received local registrar)

(b) D. E. Brown (Registrar's signature)

While at work? _____
(Specify type of place)

(c) Means of injury? _____

23. Signature... H. E. W. [Signature] (M. D. or other)

Address... 1108 [Address] Date signed... 11/12/44

1947

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Professional Body

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 *E. Oscar Thomas*

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.