

FILED JUL 9 1945

State File No.

Registration District No. 104

Primary Registration District No. 3032

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town Pleasant Hill (If outside city or town limits, write "RURAL")
(d) Street No. 522 N Campbell (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME K. Andrew Wood
3. (b) If veteran, name war: 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from 19..... to 19..... and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Nellie Wood 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Don't know (Month) (Day) (Year)

Immediate cause of death Struck accident Duration ally by a frises train
initiated by a Mo. Pacific railroad engine
Due to
Due to

8. AGE:	Years	Months	Days	If less than one day
	<u>about 75</u>			hr. min.

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

10. Usual occupation Janitor

11. Industry or business:

12. Name George Hook

13. Birthplace Johnson County Mo (City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs Helma Johnson
(b) Address Pleasant Hill Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director W. J. Kilgus
(b) Address Warrensburg Mo

19. (a) June 14 1945 (Date received local registrar) (b) Lella M. Williams (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
169-6
1630

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) Accident, 51

(b) Date of occurrence June 12, 1945

(c) Where did injury occur? Warrensburg Johnson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Mo. Pacific right-of-way (Specify type of place) (e) Modes of injury Perforating

23. Signature F. May Andrews (Physician or other) Address Holden, Mo. 2 Date signed 6/14/45

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

MOTHER FATHER

1001

(Licensed Embalmer's Statement on Reverse Side)

FROM #576704

JUN 12 1951

JUN 27 1951

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signature Samuel M. Clancy

Licensed Embalmer No. 3557

P. O. Address Warrensburg 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.