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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1303

FILED MAR 27 1946
Registration District No. 279

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
(Specify whether)
 In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME Leslie V. Wood
 3. (b) If veteran, name war No
 3. (c) Social Security No. 500-03-7207

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 17th, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>1</u>	<u>28</u>	_____hr. _____min.

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

10. Usual occupation Painter Houses

MOTHER FATHER
 12. Name Charles W. Wood
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Nellie Johnson
 15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ivy Abshier
 (b) Address 1132 Belmont Ave.

17. (a) Burial (b) Date thereof 3/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Earp Funeral Home
 (b) Address 4139 East L5th. St.

19. (a) 3-16-46 (b) Steraldine Holmes
(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. 1132 Belmont
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1946 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from
Feb. 21, 1946 to March 15, 1946
 that I last saw him alive on March 15, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
Adenocarcinoma of left kidney with metastases

Due to _____
 Due to _____

Other conditions 52a
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy See above

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 place)
 (e) Means of injury 0
 23. Signature Clark W. Seely (M. D. or other) 3-15-46
 Address Med. Dir. Gen'l Hosp. Date signed _____

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

Embalmer

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 *John B. Day*
Licensed Embalmer No. *29575-*
P. O. Address *H. C. Smd*

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.