

S. No. 2
-12-45
5-17-39
P-1 X47070

FILED NOV 12 1946
Registration District No. 999

Primary Registration District No. 1002

Registrar's No. 4533

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY

(c) Name of hospital or institution: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 DAYS
(Specify whether years, months or days)

In this community MOST OF LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON 999

(c) City or town MERRIAM 14
(If outside city or town limits, write "RURAL")

(d) Street No. 6235 WEST 64TH STREET
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME NORMAN S. WOOD

3. (b) If veteran, name war No

3. (c) Social Security No. S10-07-7903

4. Sex MALE

5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased JUNE 27 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	29	hr. min.

9. Birthplace EVANSVILLE INO. 1
(City, town, or county) (State or foreign country)

10. Usual occupation TRAFFIC MGR.

11. Industry or business WILLIAMS MEAT Co.

12. Name LUKE WOOD

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

14. Maiden name ELIZABETH HATT

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

16. (a) Informant Randolph C. Wood
(b) Address 2689 Summit

17. (a) CREMATION (b) Date thereof OCT. 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SON'S

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD KC Mo

19. (a) 10-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1946 hour 9 minute 55 a. M.

21. I hereby certify that I attended the deceased from October 8
1946, to Oct. 26 1946
that I last saw him alive on Oct. 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia
Duration: 10 days

Due to: Arteriosclerosis
Arterial Hypertension

Other conditions: Right Hemiplegia

Major findings: Transurethral Resection - 1376

Of operations: Refused -

Of autopsy: Refused -

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 _____

23. Signature: [Signature] (M: D. or other) MD
Address: 934 Angles Bldg, K. C. Mo. Date signed: 10-26-46

Wm. J. Davis
argyle Beuchamp

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.