

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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  
1101 E 11th STREET  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
30 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. 1101 E 11th STREET  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lawrence Keys Wood  
MR. LAWRENCE KEYS WOOD  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. 495-03-287

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month MAY day 24th  
 year 1947 hour 8 minute 50 P. M.  
 21. I hereby certify that I attended the deceased from May 12th  
1947, to May 24th 1947.  
 that I last saw him alive on May 24th 1947  
 and that death occurred on the date and hour stated above.

4. Sex MALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife Mrs. Etta Wood  
 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased JANUARY 18-1876  
(Month) (Day) (Year)

Immediate cause of death  
Acute Dilatation of Heart  
 Due to myocarditis  
 Due to kidney heart & vascular disease  
 Other conditions (Include pregnancy within 3 months of death)  
 Duration Acute  
1 year  
2 year

8. AGE: Years Months Days If less than one day  
71 4 6 hr. min.

9. Birthplace CALIFORNIA MISSOURI  
(City, town, or county) (State or foreign country)  
 10. Usual occupation SALESMAN  
 11. Industry or business K.C. STAR  
 12. Name MELVIN WOOD  
 13. Birthplace CALIFORNIA MISSOURI  
(City, town, or county) (State or foreign country)  
 14. Surname BEARD  
 15. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. Informant Mr. L.R. Wood  
 (b) Address 1101 E-11 Street  
 17. (a) BURIAL (b) Date thereof MAY-27-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation MT MORIAH CEMETERY  
 18. (a) Signature of funeral director D.H. Newcomer's Sons  
 (b) Address 1401 BRUSH CREEK BLYD  
 19. (a) 5-27-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature James J. Britten M. D. or other \_\_\_\_\_  
 Address 1116 1/2 Hampton Blvd Date signed 5-27-47

MOTHER, FATHER, COPY BY

Kansas City, Mo.

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**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..... *D. P. Nofsinger*  
Licensed Embalmer No. *3938*  
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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2332

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Warrens City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1101 E. 11th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Lawrence Revy Wood

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

5. Color or race \_\_\_\_\_ 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 5-27-47 (Date received local registrar) (b) Sheldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1947 hour \_\_\_\_\_ minutes 5:00 P.M.

21. I hereby certify that I attended the deceased from May 24 to May 24, 1947 and that death occurred on the date and hour stated above.  
Duration \_\_\_\_\_  
acute dilatation of heart  
myocarditis  
acute 1 yr.  
dropsy - kidney, heart & vascular disease 2 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 93-2

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 James J. Crittens (M.D. or other) D.O.

Address 1116 Chamber St Registered \_\_\_\_\_

SUPPLEMENTARY

MOTHER FATHER

RECORD MAKE A PERMANENT RECORD

17094

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Mo }  
County of Jackson } ss.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2332

On this 4<sup>th</sup> day of June, 1947, before me appears.....

Mrs. L. R. Wood, who, upon her oath, states that the original record of ~~birth~~ death  
for Lawrence Rery Wood, died May 24, 1947, in the State of  
Missouri, and which was filed at K.C., Mo. on 5-27-47, 1947, should be corrected as follows:

Item No. 3 should read Lawrence Rery Wood

Instead of " " Rery "

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. L. R. Wood wife  
Relationship.

1101 E. 11 St  
Present Address.

Subscribed and sworn to before me this 4<sup>th</sup> day of June, 1947.

My Commission expires 6d 20-1947 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

17694