

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED MAY 29 1947

Registration District No. **189** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: In hospital or institution **18 days**
In this community **35 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3807 College**
(e) Citizen of foreign country? **No**

3. (a) PRINT **MRS. MINNIE V. WOOD**
FULL NAME
3. (b) If veteran, name war **XX** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **17th**
year **1947** hour **2:** minute **55 P.**
21. I hereby certify that I attended the deceased from **12/7/46**
to **5/17/47**
that I last saw her alive on **5/17/47**
and that death occurred on the date and hour stated above.

4. Sex **Fe** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Neville M. Wood**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **March 9 1883**

Immediate cause of death **Bronchopneumonia**
Due to **Carcinoma of pharynx**
Duration **1 1/2 yr.**

8. AGE:	Years	Months	Days	If less than one day
	64	2	8	hr. min.

9. Birthplace **Red Cloud Nebr.**

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **James A. Strange**
13. Birthplace **Indiana**
14. Maiden name **No Record**
15. Birthplace **Indiana**

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations **458**
Of autopsy

16. (a) Informant **Neville M. Wood**
(b) Address **3807 College**

17. (a) **Burial** (b) Date thereof **5-20-47**
(c) Place: burial or cremation **Forest Hill**

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?
(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 **Dr. W. Wagner** (M. D. or other)
Address **330 Maple St. Kansas City, Mo.** Date signed **5/19/47**

18. (a) Signature of funeral director **Dr. W. Wagner**
(b) Address **Kansas City, Mo.**
19. (a) **5-20-47** (b) **M. D. Holmes**
(Date received local registrar) (Registrar's signature)

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

V1 - 6330
Wright 124

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.