. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 5175

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 797

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

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: In Thompson Cafe: 31st & Troost 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. unknown 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William P. Wood
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown 7
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) about (Day) 1892 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| About | 55 | | | hr. min. |

9. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
10. Usual occupation Dishwasher
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)
16. (a) Informant Investigation
(b) Address Coroner's Office
17. (a) Anatomical (b) Date thereof 2-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Western Dental College
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Missouri
19. (a) 3-21-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
year 1948 hour 8:32 AM minute M.
21. I hereby certify that I attended the deceased from Coroner, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary sclerosis | |
| Due to Arteriosclerosis | |
| Due to Presumably of natural causes | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 93 [illegible]
Of autopsy no
History & Impetus

PHYSICIAN
Underline the cause of 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? 3
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature [illegible] (M. D. ~~or other~~)
Address 1424 [illegible] Date signed 2-6-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

## 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 Blaine E. Weikert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.**