

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33961**
4299

FILED OCT 20 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4299

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 8mo, 22days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cresthaven Convalescent Home		d. STREET ADDRESS (If rural, give location) 914 Barnett Ave. 8 X	

3. NAME OF DECEASED (Type or Print) a. (First) BLANCHE	b. (Middle)	c. (Last) WOOD	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1951
--	-------------	-----------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 6, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
----------------------	-------------------------------	---	--------------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Ohio	12. CITIZEN OF WHAT COUNTRY? U. S.
---	--	---	---

13a. FATHER'S NAME William Hudson	13b. MOTHER'S MAIDEN NAME Caroline Virginia Freeman	14. NAME OF HUSBAND OR WIFE William L. Wood
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Geo. Wood ADDRESS 914 Barnett K.C. Mo.
--	----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with cerebral vascular accident		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Jan 12, 1951, to Oct 5, 1951, that I last saw the deceased alive on July 26, 1951, and that death occurred at 1230 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. Donald McFarland (Degree or title) M. D.	23b. ADDRESS 315 Nichols Rd. K.C. Mo.	23c. DATE SIGNED Oct 5, 1951
--	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Kansas
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 10-8-51	REGISTRAR'S SIGNATURE S. Waldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Werner Mortuary ADDRESS K. C. Kans.
---	--	--

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

4

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Augustine C. Werner

Signed.....
Student Embalmer

Licensed Embalmer No. 2597

P. O. Address. K. C. K

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.

Werner Mortuary