No. 300
10.48

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

RECD AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28378

State File No. 3554

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

1. PLACE OF DEATH
a. COUNTY: JACKSON 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3660 SUMMIT-ROANOKE NURSE HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON 3552
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3850 BROOKLYN

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3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): L.
c. (Last): WOOD

4. DATE OF DEATH (Month) (Day) (Year): 8 - 6 - 52

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Feb. 22, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED R.R. EXPRESS
10b. KIND OF BUSINESS OR INDUSTRY: AGENCY
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILLIAM WOOD
13b. MOTHER'S MAIDEN NAME: LUCINDA COX
14. NAME OF HUSBAND OR WIFE: MARGARET WOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: MRS. MARGARET WOOD-3850 BROOKLYN

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis - Arthritis — 54 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-10, 1952, *to* 8-6, 1952, *that I last saw the deceased alive on* 8-6, 1952, *and that death occurred at* 5:32 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Chas. C. Montgomery (Degree or title) — Chas C. Montgomery M.D. MD
23b. ADDRESS: 306-E-12-K.C. Mo
23c. DATE SIGNED: 8/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-8-52
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG.: 8-8-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: STINE & MC CLURE KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chas Argyle
Montgomery
Vi. 5335
(11 15 A.M.
Friday
at Office)

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed George Trammell

Licensed Embalmer No. 4425

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.