

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9683
Do not use this space.

Registered No. **1148**

1. PLACE OF DEATH
 (a) County **Jackson** Registration District No. **399**
 (b) Township **Kaw** Primary Registration District No. **1002**
 (c) City **Kansas City** (d) Street No. **3422 Holmes** St.
 (e) Length of residence in city or town where death occurred **18** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Mrs. Alice Scoullar Woodhouse 3 20**
 (a) Residence, No. **3422 Holmes** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Francis Woodhouse**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 16, 1851**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	87	0	26	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **At Home**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

FATHER
 13. NAME **Don't know**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

MOTHER
 15. MAIDEN NAME **Don't know**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

17. INFORMANT (ADDRESS) **L. J. Woodhouse 3422 Holmes Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Atchison, Ks.** DATE **3-13-38**

19. FUNERAL DIRECTOR (ADDRESS) **Freeman Mortuary Kansas City, Mo.**

20. FILED **Mar 13 38 M. M. Crome** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-12-38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **3-1-38** to **3-12-38**
 I last saw her alive on **3-5-38** Death is said to have occurred on the date stated above, at **3-12-38** m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis
82.13
 Other contributory causes of importance:
Cerebral thrombosis
Senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19**38**
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) **Wendie Speer**, M. D.
 (Address) **2200 Parabel**

Date of onset **2**
1-13-38

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Samuel Freeman, Licensed Embalmer No. 2939

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Samuel Freeman

Licensed Embalmer No. 2939

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.)