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.

REC'D MAY 9 1938

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

13612
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson. Registration District No. 1002
(b) Township Kaw. Primary Registration District No. Registered No. 1592
(c) City Kansas City, Mo. (d) Street No. 2425 Bales Avenue, K.C. Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sylvia Isabell Woodrome. 365
(a) Residence, No. 2425 Bales Avenue, K.C. Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Linvell L. Woodrome

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 23rd, 1890

7. AGE: Years 48 | Months 0 | Days 19 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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. Housewife
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) Oregon

FATHER
13. NAME Lawrence Ferguson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME No Record,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record.

17. INFORMANT Linvell L. Woodrome,
(ADDRESS) 2425 Bales Avenue, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill, Cem. DATE Apr. 14th, 1938

19. FUNERAL DIRECTOR Mrs. C. L. Forster,
(ADDRESS) Kansas City, Missouri.

20. FILED Apr. 13, 1938 M. M. Crowe, asst
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12th, 1938

22. I HEREBY CERTIFY, That I attended deceased from april 10, 1938, to april 12, 1938
I last saw her alive on april 12, 1938. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia — Date of onset 4d

Other contributory causes of importance:
Carcinoma of uterus

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19..
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) L. M. Higgins, M. D.
(Address) Belcher, Mo.

(Licensed Embalmer's Statement on Reverse Side)

[illegible]
[illegible]
(Be 6826)
(Ch. 3474)

## STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**