

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

5248
 Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 or Kansas City
 (c) City Kansas City (d) Street No. 2320 Benton Blvd. 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 77 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Mary Ann WOODS.
 (a) Residence, No. 2320 Beynon Blvd. 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) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Thomas J. Woods.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1859.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	79	2	28	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) New York.

FATHER 13. NAME Patrick Mullen.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER 15. MAIDEN NAME Margaret Kelly.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT Miss Nell Woods (Daughter)
 (ADDRESS) 2320 Benton Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 2/3/39

19. FUNERAL DIRECTOR (NAME) Melody-McGilley
 (ADDRESS) K. C. Mo.

20. FILED 2/2 1939 M. D. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31/39

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 - 1939 to Jan 31, 1939
 last saw him alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 5:35 p.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Pulmonary Edema
930

Date of onset

Other contributory causes of importance:
Atherosclerosis

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury None, 1939
 Where did injury occur? No
 (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? No
 If so, specify No
 (Signed) M. O. Nell
 (Address) 734 Cayle K. Mo

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.

Marye L. Zion Hill

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.