

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

24690
 Do not use this space.

REC'D AUG 7 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2003
 (c) City Kansas City, Missouri (d) Street No. St. Marys Hospital, 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 363 Flora Woodward,

(a) Residence, No. 1314 Campbell, K.C. Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Woodward</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29th, 1873</u>		
7. AGE	YEARS	MONTHS
	<u>64</u>	
		DAYS
		<u>18</u>
		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. <u>House work</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1939 to 7-17, 1939

I last saw her alive on 7-17, 1939 Death is said to have occurred on the date stated above, at 3:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3-10-39
131

Other contributory causes of importance:
Pharyngeal Hemerular 7
hypertension

Name of operation none Date of
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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) M. J. Wood, M. D.
Bob Grand
 (Address)
K. Otto

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> <u>1</u>
	13. NAME <u>John Henry Bettis</u> <u>1</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> <u>1</u>
	15. MAIDEN NAME <u>Jane Shephard</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	17. INFORMANT (ADDRESS) <u>Lester Garrett Gadberry,</u> <u>2539 Alden Avenue, K.C.Ks.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood Cemetery</u> DATE <u>July 19th, 1939</u>
	19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs. C.L. Forster</u> <u>918 Brooklyn Avenue, K.C. Mo.</u>
	20. FILED <u>July 17 1939</u> <u>M. M. Browne</u> <u>Local Registrar.</u>

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.

11:30 AM
11/11/11

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 Theron A. Redman
..... Licensed Embalmer No. 2737
P. O. Address 918 Brook

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.