DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43592

Registration District No. 398 Primary Registration District No. 5554. Registrar's No. 384

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Sugar Creek Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11330 Park Ave Sugar Creek Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Sugar Creek Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 11330 Park Ave Sugar Creek Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Frank Woodward Sr.
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) ~~Single, widowed~~, married, divorced Married
6. (b) Name of ~~husband or~~ wife Alice Thice Woodward
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June (Month) 28 (Day) 1869 (Year)

8. AGE: Years 70 Months 6 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Retired high Superintendent
11. Industry or business Oil Refinery Sugar Creek Mo
FATHER
12. Name Increase Woodward
13. Birthplace England (City, town, or county) ____ (State or foreign country)
MOTHER
14. Maiden name Anna Webster
15. Birthplace England (City, town, or county) ____ (State or foreign country)
16. (a) Informant's own signature Mrs Alice Thice Woodward
(b) Address 11330 Park Ave Sugar Creek Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1940 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Mt Washington
18. (a) Signature of funeral director O. E. Mitchell
(b) Address 310 N Main St Independence Mo
19. (a) Jan 2 1940 (Date received local registrar) (b) F. R. Elbert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1939 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from June, 1936, to Dec 31, 1939; that I last saw him alive on Dec 31, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Encephalitis	5 yr.

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature J. B. Hutchison (M. D. or other)
Address Independence Mo Date signed 1/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.

JUN 28 1945

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 me

..., Registered Apprentice No.....

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Lindep. Mo

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

If this body is not embalmed, above space should be left blank.