

**JUN 17 1940**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1865**

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lakeside Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 2 days  
In this community 31 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 1415 Chestnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Edward Garrett Woolverton 416

3. (b) If veteran, name war None 3. (c) Social Security No. 486-03-3296

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 6, 1908  
(Month) (Day) (Year)

8. AGE: Years 31 Months 4 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kansas City, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance

11. Industry or business \_\_\_\_\_

12. Name Clarence Woolverton

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Garrett

15. Birthplace N. J.  
(City, town, or county) (State or foreign country)

16. (a) Informant R. W. Oliver

(b) Address 1415 Chestnut, K.C. Mo.

17. (a) Burial (b) Date thereof May 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K.C. Mo.

19. (a) May 3, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st  
year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from April 29, 1940 to April 31, 1940  
that I last saw him alive on April 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock - from displacement of mediastinal vessels  
Secondary - Veno-pneumo-thorax 2 days  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy complete collapse of lung

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
23. Signature L. A. King, D.D. (M.-D. or other)  
Address Chamber Bldg. Date signed 5-1-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

6-5-09  
H-100 2515

**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 B. H. Blackwell

Licensed Embalmer No. 2244

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.**