

JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4669

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3122 McGee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 53 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME. THOMAS P. WOODS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife. Unknown 6. (c) Age of husband or wife if alive February 18, 1861 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 29 If less than one day hr. min.

9. Birthplace Brighton, Mass. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name William Woods
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Jan Lynch
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Woods
(b) Address 3122 McGee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director J. C. Brown
(b) Address J. C. Brown

19. (a) 12-8-40 (Date received local registrar) (b) M. D. Brown (Registrar's signature)

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")
(d) Street No. 3122 McGee (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 1940
year 1940 hour 12:15 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 7th, 1940, to Dec 7th, 1940, that I last saw him alive on Dec 6, 1940, and that death occurred on the date and hour stated above.
Immediate cause of death Exhaustion

Due to _____
Due to Arteriosclerosis
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Jalborcan (M. D. or other)
Address 5-5-4 Emma Date signed 12/7/40

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

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 *Harold Perry*.....

Licensed Embalmer No. *4197*.....

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.