

FILED JAN 8 1940

Registration District No.

Primary Registration District No. 1002

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

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:  
4314 Fairmount  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 53 yrs.  
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")  
(d) Street No. 4314 Wyoming  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Sarah E. Woods

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased January 3 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 11 11 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name \_\_\_\_\_, Edmonds

13. Birthplace No Record  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Harrell

15. Birthplace Carthage Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank E. Harmon

(b) Address 4348 Wyoming, K.C. Mo.

17. (a) Burial (b) Date thereof 12/17/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 1-12-16-40 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14  
year 1940 hour 3 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan  
1940, to Dec 14, 1940

that I last saw her alive on Dec 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of Bladder  
and surrounding tissue

Due to Diabetes Mellitus Duration 20 yrs

Due to SA

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

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

Of autopsy \_\_\_\_\_

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 C. S. Merriman (M. D. or other)

Address 8130 Holmes Date signed 12-16-40

Duration

\_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

W. S. Zimmerman  
8130 Holmes

**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.....

*D. Ross Blanford*

Licensed Embalmer No.....

*4015*

P. O. Address.....

*4148 State St*

**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.**