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FILED FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1123**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **83**

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town  
 (c) Name of hospital or institution: **1244 Stratford Road**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **30 years** (Specify whether  
 In this community years, months or days)

3. (a) PRINT FULL NAME **Mrs. Bertha Dicken Woods**  
 3. (b) If veteran, name war **XX**  
 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Robert P. Woods**  
 6. (c) Age of husband or wife if alive years **15** 1873  
 7. Birth date of deceased **May** (Month) **1873** (Year)

8. AGE: Years **67** Months **7** Days **19** If less than one day hr. min.

9. Birthplace **Wabash Indiana**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **At Home**

11. Industry or business  
 12. Name **John Henry Dicken**  
 13. Birthplace **Indiana**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary E. Johnson**  
 15. Birthplace **Indiana**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Robert P. Woods**  
 (b) Address **1244 Stratford Road**  
 17. (a) **Burial** (b) Date thereof **1-7-41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **M. M. Brown**  
 (b) Address **Kansas City, Mo.**  
 19. (a) **Jan 6 1941** (b) **M. M. Brown**  
 (Date received local registrar) (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. **1244 Stratford Road**  
 (If rural, give location) **0**  
 (e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Jan.** day **4th**  
 year **1941** hour **10** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **Jan 4 1941**  
 to **Jan 4 1941**  
 that I last saw him alive on **Jan 4 1941**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial infarction**  
 Duration **8 1/2 hours**

Due to **Asteris sclerosis**  
**Arterial hypertension**  
 Due to **Coronary thrombosis - 1935**  
 Other conditions (Include pregnancy within 3 months of death)

Major findings: **940**  
 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)  
 Means of injury  
 23. Signature **Paul Lewis** (M. D. or other)  
 Address **934 Maple Bldg** Date signed **Jan 6 1941**

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.....

*A. R. Hauschild*

Licensed Embalmer No.....

*4159*

P. O. Address.....

*K. C. Mo*

**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, fact should be so stated above.**