

No. 2
-1-4-41
5-17-39
I X263

FILED AUG 11 1941

85

1001

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
602 Garden Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 years, / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan, 011
(c) City or town Saint Joseph, /
(If outside city or town limits, write "RURAL") 7
(d) Street No. 602 Garden Street,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.
year 1941 hour 6:00 minute 30p M.
21. I hereby certify that I attended the deceased from man
11 1938 to July 23 1941;
that I last saw him alive on July 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Stenosis unknown

Due to Arteriosclerosis General

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Gustav A. [unclear] (M. D. or other) [unclear]
Address Kirkpatrick Bldg. St. Joseph Date signed 7/24/41

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

3. (a) PRINT FULL NAME

Ambrose Dillard Woodward,

(b) If veteran, name war None,

(c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married,
496-07-6871

6. (b) Name of husband or wife Emma Woodward,

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December 16, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 7 hr. min.

9. Birthplace Easton, 0 Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Sheep Cooler,
Swift & Company,

11. Industry or business

12. Name Ambrose Woodward,
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. D. Woodward
(b) Address 602 Garden Street,

17. (a) Burial (b) Date thereof 7/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Walter [unclear]
(b) Address 219 So. 10th, [unclear]

19. (a) July 25, 1941 (b) H. J. Nestelhusch
(Date received local registrar) (Registrar's signature)

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 *July 73*

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. *3007*

P. O. Address *319 So 10 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, fact should be so stated above.