

FILLED OCT 13 1941

State File No. 3472

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3472

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:  
Prout Home 401 E. 36th. St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days (Specify whether  
 in this community. Lifetime years, months or days)

3. (a) PRINT FULL NAME Sarah Alma Woods

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife R. T. Woods M.D. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 25 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name DAVID ATCHISON BERRY  
13. Birthplace \_\_\_\_\_ / KY. (State or foreign country)  
14. Maiden name HARRIE S. CONWAY  
15. Birthplace \_\_\_\_\_ / KY. (State or foreign country)

16. (a) Informant Ethel Woods  
(b) Address Lawrence Kansas

17. (a) Burial (b) Date thereof Sept 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ridgely Cem. Mo.

18. (a) Signature of funeral director McQuinn Mortuary  
(b) Address Smithville, Mo.

19. Apr 17-1941 (b) M M Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Olay  
(c) City or town Smithville  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17  
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1939 to Sept 14 1941  
that I last saw her alive on Sept 16 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to Chronic Nephritis years? \_\_\_\_\_  
Due to Hypertension years? \_\_\_\_\_  
Atherosclerosis 20 yrs  
Other conditions (Include pregnancy within 3 months of death) 131/2

Major findings: Of operations  
Of autopsy none 131/2  
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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. Leonard Dixon (M. D. or other) \_\_\_\_\_  
Address Smithville, Mo. Date signed 9-16-41

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

75-17-39  
I X21492

2008

**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 \_\_\_\_\_

*S. D. McComas*

Licensed Embalmer No. \_\_\_\_\_

*2303*

P. O. Address \_\_\_\_\_

*Smithville, 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30715  
Registrar's No. 3472

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay  
(c) City or town Smithville  
(d) Street No.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

Sarah Elma Woods

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Nov 25 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 14 min.  
If less than one day

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-17-41 (b) M M Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept year 1941 hour minute M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.  
Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

1941

S-30715