

Registration District No. 377

Primary Registration District No. 1002

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3019 Agnes Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 60 Yrs. 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth O'Dowd WOOSLEY.
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased September 16 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>28</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business _____
 12. Name Edward O'Dowd
 13. Birthplace Minnesota
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Crummer
 15. Birthplace Minnesota
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.B. Mulvaney.
 (b) Address 920 Newton Ave.

17. (a) Burial (b) Date thereof 12/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Calvary K.C.

18. (a) Signature of funeral director Melody-McGilley
 (b) Address K.C. Mo.

19. (a) Dec 15 1941 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 3019 Agnes Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec. day 14
 year 1941 hour 10 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Nov 10
Dec 14, 1941, to 19 1941;
 that I last saw him alive on Dec 13, 1941;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Hemorrhage

Due to _____
 Due to _____
 Other conditions 83a
(Include pregnancy within 3 months of death)
 Major findings: None
 Of operations _____
 Of autopsy None

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 None
 23. Signature M. H. Crowe (M. D. or other)
 Address 920 Newton Ave. Date signed 12/19/41

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

18 mg

STATEMENT BY LICENSED EMBALMER

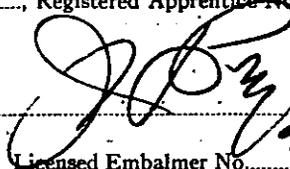
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

2567

working under my personal supervision.

Signed



Licensed Embalmer No.

2799

P. O. Address

KC

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.