

FILED MAY 21 1948
Registration District No. _____

Primary Registration District No. **5554 3019**

Registrar's No. **100**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **Blue Springs Road & Hayden**
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____ (Specify whether _____)

In this community **22 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Independence**
(If outside city or town limits, write "RURAL")

(d) Street No. **Blue Springs Road & Hayden**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **ALLAH A WOODBURY**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April**, day **8**
year **1942** hour **1** minute **30 P.** M.

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

21. I hereby certify that I attended the deceased from **2-14-42**, 19____, to **4-8**, 19____
that I last saw her alive on **4-7-42**, 19____
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married **Widowed**

6. (b) Name of husband or wife _____

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

Immediate cause of death **Cerebral thrombosis** **47-42**

7. Birth date of deceased **Aug. 18 - 1850**
(Month) (Day) (Year)

Due to **Senility**

8. AGE: Years **91** Months **7** Days **20**
If less than one day _____ hr. _____ min.

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **House work**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name **Samuel B. Buckley**

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

14. Maiden name **Strahorn Richards**

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

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? _____

16. (a) Informant **Mrs. C. M. Young**

(b) Address **Independence, Mo.**

17. (a) **Buried** (b) Date thereof **4/11/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem.**

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature **George M. Falk** (M. D. or other) _____
Address **11037 Wimmer Rd. Ind. Mo.** Date signed **4-10-42**

18. (a) Signature of funeral director **George C. Carson**

(b) Address **Independence, Mo.**

19. (a) **4-11-42** (b) **James Wood**
(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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank Harris*.....

Licensed Embalmer No. 2467.....

P. O. Address *Indianapolis, Ind.*.....

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.