

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 29 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1987

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Kansas City
(c) Name of hospital or institution: 514 1/2 West 7th
(d) Length of stay: In hospital or institution: 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 514 1/2 West 7th
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: ARTHUR WOODY

3. (b) If veteran, name war: none
3. (c) Social Security No.: 496-09-3578

4. Sex: M, 2
5. Color: Col
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Myrtle Hoody
6. (c) Age of husband or wife if alive: 62 1/2 years

7. Birth date of deceased: Unknown 1887

8. AGE: 55 Years Months Days If less than one day

9. Birthplace: Sedalia Mo

10. Usual occupation: Latrover of PA

11. Industry or business:

12. Name: Bill Hoody

13. Birthplace: Sedalia Mo

14. Maiden name: Arthur Williams

15. Birthplace: Sedalia Mo

16. (a) Informant: Myrtle Hoody
(b) Address: 514 1/2 W. 7th

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 5-21-42
(c) Place: Highland Cem

18. (a) Signature of funeral director: [Signature]
(b) Address: 1727 Lydia
19. (a) 5-21-42 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 5 day: 16 year: 42
hour: minute

21. I hereby certify that atended deceased from 11:30 P.M. to 19:19

that was alive on and death occurred on the date and hour stated above.

Immediate cause of death: Acute edema of the brain

Due to: 830

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

Major findings: Of operations

Of autopsy: lps

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: [Signature]

23. Signature: [Signature] (M. D. or other)
Address: K.C. Mo. Date signed:

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

MOTHER FATHER

48
8260

Mc

48
8260

0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 18 1932

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 Maas Jerome Manlove
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.