

S. No. 2  
M-542  
5-17-39  
-I X32673

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **64**

**JAN 21 1943**  
Registration District No. **149**

Primary Registration District No. **1002**

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

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: **Kansas City General Hospital No. 10**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **14 1/2** **16 Days**  
(Specify whether years, months or days)

In this community **75 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **2419 Olive Street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: **---**

3. (a) PRINT FULL NAME **Mr. Joshua Columbus Woodward**

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

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Beatrice Woodward** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **October 20 1856**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>86</b>	<b>2</b>	<b>15</b>	hr. min.

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

10. Usual occupation **City Fireman**

11. Industry or business **Retired**

MOTHER FATHER

12. Name **Charles E. Woodward**

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

14. Maiden name **Lovina Cook**

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

16. (a) Informant **Mrs. Beatrice Woodward**

(b) Address **2419 Olive Street**

17. (a) **Burial** (b) Date thereof **Jan. 6, 1943**  
(Burial, cremation, or removal) (City or town) (County) (Year)

(c) Place: burial or cremation **Shawnee Cemetery Shawnee, Kansas**

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **1-6-43** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **4th**  
year **1943** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Due to **Coronary Sclerosis**

Due to **94a**

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

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **See above.**

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 **D. E. Upsher, M.D.** (M. D. or other)  
**23rd Mc Coy** Date signed **1/5/43**

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**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *KC 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, fact should be so stated above.**