

S. No. 2
M-542
v. 5-17-39
X32871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9358

FILED MAR 20 1943/49

State File No.
Registrar's No. 1205

Registration District No.

Primary Registration District No. 1002

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 35 yrs.
(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. 621 Olive
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Woods

3. (b) If veteran, name war no

3. (c) Social Security No. 487-26-7204

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased June 4, 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tavern Porter

11. Industry or business Chas. Brantello

12. Name John Woods

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

14. Maiden name Mary Mulhearn

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

16. (a) Informant Maries Ruffing

(b) Address 621 Olive

17. (a) Burial (Burial, cremation, or removal) mt. St. Mary (b) Date thereof Mar. 10, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation mt. St. Mary

18. (a) Signature of funeral director C. N. Blackman

(b) Address 3-9-43

19. (a) 3-9-43 (b) Mr. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
Year 1943 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-6-43, 1943, to 3-7-43, 1943;
that I last saw him alive on 3-7-43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure-cause not determined

Due to J.P.A.

Due to _____

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

Major findings: Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 _____

Signature Clark W. Seely M.D. (M. D. or other) _____

Address Med. Dir. A.C. Gen. Hospital Date signed _____

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

MOTHER FATHER

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.....

J. H. Blackman

Licensed Embalmer No.....

3,639

P. O. Address.....

11 C. Me

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.