

FILED OCT 13 1943

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **Research I**
(d) Length of stay: In hospital or institution **11 weeks**
In this community **11 weeks**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Clay**
(c) City or town **Smithville**
(d) Street No. **R. 4, D. 4**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **Mrs. Lillie W. Woods**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September**, day **26**, year **1943**, hour **8**, minute **45** P.M.

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widower **Widowed**
6. (b) Name of husband or wife **Krup M. Woods** 6. (c) Age of husband or wife if alive, years **28**
7. Birth date of deceased **Jan 28, 1860**

21. I hereby certify that I attended the deceased from **July 7th**, 19**43**, to **Sept 26**, 19**43**; that I last saw her alive on **Sept 26**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Vertebra**
7th & 7th & 9th dorsal
Due to **apparently primary, exsiccated, and rays revealed no primary**
Due to **carcinoma elsewhere**

Duration **6 months or longer**

8. AGE: Years **83** Months **7** Days **28**
9. Birthplace **Woodford Co. Ky**

Other conditions **Paraplegia**
Due to **53 yr**

Duration **11 weeks**

10. Usual occupation **at home - housewife**
11. Industry or business **Farm**
12. Name **Wm. Wigglesworth**
13. Birthplace **Ky 1**
14. Maiden name **Fannie Goodloe**
15. Birthplace **Ky 1**

Major findings: **-**
Of operations **-**
Of autopsy **-**

PHYSICIAN **-**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Wm. W. Woods**
(b) Address **2624 Moulton, K.C. Mo.**
17. (a) **Burial** (b) Date thereof **9-28-43**
(c) Place: burial or cremation **Smithville, MO**
18. (a) Signature of funeral director **McComas Funeral Home**
(b) Address **Smithville, MO**
19. (a) **9-30-43** (b) **J. C. Brown**

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? **-** (Specify type of place) (e) Means of injury **-**
23. Signature **H. W. Schaeffer** (M. D. or other) **C**
Address **300 Apple Blk. Kansas City, Mo.** Date signed **9-24-43**

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..... *S. R. McComas*.....

Licensed Embalmer No. *2303*.....

P. O. Address..... *Smithville, 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.