

FILED MAR 19 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 951

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: 1
514 W. 7th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Over 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48

(a) State _____ (b) County _____

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

(d) Street No. 514 W. 7th.
(If rural, give location)

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

3. (a) PRINT FULL NAME Myrtle Woody

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1945 hour 1:30 minute _____ A. M.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Arthur Woody

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

7. Birth date of deceased January - 10 - 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 21, 1945, to February 22, 1945
that I last saw her alive on 2-22, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>13</u>	hr. _____ min.

Immediate cause of death Acute Granulocytic and Chronic ulcers of throat Duration _____

Due to late latent syphilis

Due to Constriction of the throat

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

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

10. Usual occupation None

Major findings: 30g

Of operations _____

Of autopsy _____

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

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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 John Taylor

(b) Address 912 E. 16th. St., K.C., Mo.

17. (a) Burial (b) Date thereof 2-27-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

23. Signatur A. W. Bradley (M. D. or other)
Address 821 Indep. Ave Date signed 2/27/45
(Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director A. Sterling Bull

(b) Address 1212 Vine St., K.C., Mo.

19. (a) 2-27-45 (b) T. E. Brown
(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

E. Sterling Kells

Licensed Embalmer No.

3178

P. O. Address

1212 mile

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.