

S. No. 2
OM-2-43
v. 5-17-39
X35697

36452

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 6 1945

Registration District No. 149

Primary Registration District No. 1001

Registrar's No. 4828

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: St Marys Hospital 00
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11-12-45-11-23-45
(Specify whether years, months or days) Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Atchison 14
(If outside city or town limits, write "RURAL") 0

(d) Street No. 803 W. Street
(If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nadine Morrow Woodhouse

3. (b) If veteran, name war _____

3. (c) Social Security No. 40

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 45 hour 12 PM minute _____ M.

4. Sex Female 5. Color White

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

6. (b) Name of husband or wife John Woodhouse

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

7. Birth date of deceased: (Month) Nov. (Day) 11 (Year) 1884

21. I hereby certify that I attended the deceased from 10/3/42 19____ to 11/23/45 19____; that I last saw him alive on 11/23/45 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 0 Days 12 If less than one day hr. _____ min. _____

Immediate cause of death: Cerebellar hemorrhage

Duration _____

9. Birthplace Atchison (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Due to 83a

Due to _____

Other conditions (Includes pregnancy within 3 months of death) Terminal uremia due to circulatory failure

MOTHER FATHER

12. Name JAMES MORROW

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

14. Maiden name Sarah Stoga

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

Major findings: Circulatory failure

Of operations _____

Of autopsy autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant John Woodhouse

(b) Address Atchison, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Herbertson

(b) Address Kansas City, Kansas

19. (a) 11-24-45 (Date received by local registrar) (b) Geraldine Holmes (Registrar's signature)

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 0 M.I.D

23. Signature Atchison (M. D. of _____)

Address 1109 Prof Boly KAO Date signed 11/24/45

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

8
3
8

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.....

Licensed Embalmer No. 2798

P. O. Address: Mc. C. Hanna

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.