

FILED DEC 21 1945  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5056

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:  
General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One Hour About  
(Specify whether  
In this community 50 years  
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. 2320 Benton Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

Charles B. WOODS

3. (b) If veteran, name war

World War # 1

3. (c) Social Security No.

429-18-0437

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillian Woods

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

7. Birth date of deceased: June 30, 1895  
(Month) (Day) (Year)

8. AGE:

Years 50 Months 5 Days 6  
If less than one day  
hr. min.

9. Birthplace

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

10. Usual occupation

Welder

11. Industry or business

Zahners

MOTHER FATHER { 12. Name

Thomas J. Woods

13. Birthplace

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

14. Maiden name

Mary Ann Mullins

15. Birthplace

Unknown N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant

Miss Nell Woods

(b) Address

2320 Benton Blvd. K.D. Mo.

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof: 12/10/45  
(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary Cemetery

18. (a) Signature of funeral director

Melody-McGilley-Eylar

(b) Address

1800 Linwood Blvd. K.C. Mo.

19. (a) 12-8-45

(Date received local registrar)

(b) Geraldine Holmes  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 th  
year 1945 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Coroner, 1945, to 12/10/45, 1945;  
that I last saw him alive on 12/10/45, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral Pneumonia pneumonia  
Due to atrophic cirrhosis

Other conditions: 12/10/45  
(Include pregnancy within 3 months of death)

Major findings: 12/10/45  
Of operations: \_\_\_\_\_  
Of autopsy: yes as above

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

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

(c) 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_  
23. Signature Jeanette (M. Doctor)  
Address 1424 Date signed 12-10-45

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

JAN 14 1946

**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 Russell J. France  
Licensed Embalmer No. 4255  
P. O. Address R. C. No.

**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.**