

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40945**  
Registrar's No. **129**

**FILED JAN 9 1946**

Registration District No. **73** Primary Registration District No. **3014**

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 408 Ridge Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
33 years (Specify whether  
in this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. 408 Ridge Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **SAMUEL MEADE WOODSON, SR.**

(b) If veteran, name war No (c) Social Security No. 487-03-274

4. Sex Ma 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ariel Peck Woodson  
6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased May 21 1877  
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 15  
If less than one day hr. min.

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

10. Usual occupation President

11. Industry or business Mercantile Home Bk & T.Co

MOTHER, FATHER { 12. Name Meade Woodson  
13. Birthplace Ky.  
(City, town, or county) (State or foreign country)  
14. Maiden name Bernice  
15. Birthplace Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel M. Woodson, Jr.

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof 12-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Missouri

18. (a) Signature of funeral director J.W. Wagner  
Kansas City, Mo.  
(b) Address

19. (a) Dec. 11, 1945 (b) Missie Hayes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th  
year 1945 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 1945 to Dec 6 1945  
that I last saw him alive on Dec 6 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation  
Hypertension  
Due to Arteriosclerosis  
Duration 30 min  
known - 2 years

Other conditions Cerebral hemorrhage April 1945  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
edema of lungs  
Of autopsy Passive congestion, lungs, liver

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

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

23. Signature Wm. H. Gardner (M. D. or other)  
Address Liberty Mo Date signed 1/6/46

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

4  
2  
1

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-8-46

FEB 9 1948

SEP 27 1948

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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: Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address: Kansas City, 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.