

S. No. 2
M-543
y. 5-17-39
p. I. X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5958

State File No. _____

FILED MAR 11 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 845

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:
5619 WAYNE AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
25 YEARS (Specify whether
In this community 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. 5619 WAYNE AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BERT GROVER WOODS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GERTRUDE WOODS
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased FEB. 22. 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 24 hr. min.

9. Birthplace CLAY CENTER, KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation DRUGGIST

11. Industry or business OWN BUSINESS

MOTHER FATHER { 12. Name LOUIS WOODS
13. Birthplace KENTUCKY
14. Maiden name MARY CLARK Mc DONALD
15. Birthplace WYCKTOWN VA
(City, town, or county) (State or foreign country)

16. (a) Informant Leon Bertone Woods
(b) Address 3820 Walnut St.

17. (a) Burial (b) Date thereof FEB 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT MARIAN MAUSOLEUM

18. (a) 'Signature of funeral' director W. H. Newcomer SONS
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-19-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 16th
year 1946 hour 5 minute 30 P.

21. I hereby certify that I attended the deceased from 15 Feb
1946 to 16 Feb 1946
that I last saw him alive on 16 Feb 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Occlusion
Due to Coronary Arteriosclerosis
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy _____

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)
Means of injury 0

23. Signature W. H. Newcomer (M. D. or other) MD
Address 306 E 12 Date signed 18 Feb

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

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

4947

8038

408 Dayke Bldg.

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 *Elmer Torrey*

Licensed Embalmer No. 17657

P. O. Address Kansas City

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. :