

Registered District No. **149**

Primary Registration District No. **1002**

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: K.C. Municipal Tuberculosis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo. 7 pda.
 In this community 11 years
 years, months or days (Specify whether)

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. 1302 Woodland
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Robert Woodard
 (b) If veteran, name war no
 (c) Social Security No. 487-12-6687

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 28 year 1946 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from 9-10 to 2-28
 that I last saw him alive on Feb. 28 and that death occurred on the date and hour stated above.
 Immediate cause of death: Pneumonia Tuberculosis
 Duration: Initial Hospitalization 9-10-38

4. Sex Male **5. Color or race** Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adell Woodard
6. (c) Age of husband or wife if alive 26 years
Birth date of deceased: (according to mother) Aug. 27 1919.
 (Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Texarkana Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Walter R. S. Railroad

11. Industry or business Robert Woodard, Sr.

12. Name Robert Woodard, Sr.

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

14. Maiden name Charles Bush

15. Birthplace Texarkana Texas
 (City, town, or county) (State or foreign country)

16. (a) Informant Kansas City Tbc. Hosp.
 (b) Address Kansas City Mo.

17. (a) Place: burial or cremation burial (b) Date thereof 3/4/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Walter R. S. Railroad
 (b) Address 712 N. Olive St. Kansas City, Mo.

19. (a) Date received local registrar 3-4-46 (b) Gertrudine Holmes
 (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 13 lb
Major findings:
 Of operations _____
 Of autopsy same
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 D. L. Coffman (M. D. or other) no
 Address Kansas City Mo Date signed 2-28-46

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 Bello*
Licensed Embalmer No. *5178*
P. O. Address *121 Olive Hill*

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.