S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1946

State File No. 23880

Registration District No. 141 Primary Registration District No. 1002 Registrar's No. 2930

**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: 102 E 66TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - (Specify whether
In this community 4 years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 102 E 66TH STREET 8
(If rural, give location) 0

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

If yes, name country - - - - - -

3. (a) PRINT FULL NAME William Hook Woodbury

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex MALE O

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MRS. DELLA MAE WOODBURY

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased AUGUST 22 1876
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 69 | 10 | 13 | hr. min. |

9. Birthplace ST. CLAIRE CTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CIVIL ENGINEER-RETIRED

11. Industry or business RETIRED 5 YEARS

FATHER
12. Name BENJAMIN H. WOODBURY
13. Birthplace OHIO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CYNTHIA HOOK
15. Birthplace IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. DELLA MAE WOODBURY

(b) Address 102 EAST-66TH STREET

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1946
(Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 5TH
year 1946 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from July 5, 1946 to July 5, 1946
that I last saw him alive on July 5, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: acute congestive heart failure — Duration: 1 day

Due to general arteriosclerosis

Due to

Other conditions cerebral hemorrhage — six years
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

830

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert Wolkenstein (M. D. or other)
Address 1124 Professional Bldg. Date signed 7/6/46

(Licensed Embalmer's Statement on Reverse Side)

1124 Professional Bldg
11-12, 1-2.30

## 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 Melvin Miller

Licensed Embalmer No. 4407

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.**