No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31524

Registrar's No. 3955

**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 #2 (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 19 hrs. 30 min. (Specify whether years, months or days)

In this community 27 years

**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. 2918 Norton Avenue (If rural, give location)

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

If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME CLIFTON WOODSON

3. (b) If veteran, name war Nane

3. (c) Social Security No. 487-03-3257

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife WILMA

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased FEBRUARY (Month) 1 (Day) 1899 (Year)

8. AGE: Years 48 | Months 7 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace CLARKSVILLE (City, town, or county) TEXAS (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business

FATHER
12. Name JIM WOODSON
13. Birthplace (City, town, or county) TEXAS (State or foreign country)

MOTHER
14. Maiden name LAURA
15. Birthplace (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant WIFE: WILMA WOODSON

(b) Address 2918 Norton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem

18. (a) Signature of funeral director E. Sterling Bell

(b) Address 1212 Vine K.C. Mo

19. (a) 9-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month SEPTEMBER day 13th year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 12th, 1947, to SEPTEMBER 13th 1947; that I last saw him alive on SEPTEMBER 13th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death RESPIRATORY FAILURE

Due to CEREBRAL VASCULAR ACCIDENT

Due to HYPERTENSION

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 8 30

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 [signature] (M. D. or other) M.D.

Address 600 East 22nd St. Date signed 9/15/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Belle

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.

**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.**