. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41986

FILED JAN 2 1947

Registration District No. 441

Primary Registration District No. 1002

Registrar's No. 5286

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: 1808 East 11th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 42 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1808 East 11th St.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME William H. Woods

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex Male 2

5. Color or race Negro 1

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 5, 1905
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
42	8	8	hr. min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Chauffeur

11. Industry or business .....

FATHER
12. Name William H. Woods 0
13. Birthplace Glasgow, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ethel Tucker
15. Birthplace Rosedale, Kansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Moore
(b) Address 1808 East 11th St.

17. (a) Burial (b) Date thereof 12/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 12-15-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1947 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 12/47 19.. to Dec 13th 19 47
that I last saw him alive on Dec 13 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Perforating Peptic Ulcer 1 — Duration Day

Due to .....

Due to .....

Other conditions 117a
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Perforated Ulcer
Pylorus and Stomach

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) no

(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 0

23. Signature Thos. J. Jones (M. D. or other)

Address 1612 E 12 St Date signed 12/15/47

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 Bruce Riley, Registered Apprentice No. 511, working under my personal supervision.

Signed D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.