S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8976
Registrar's No. 1173

FILED MAR 26 1948

Registration District No. 849

Primary Registration District No. 1002

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WRITE PLAINLY—USING 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: 548 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 548 Main 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hugh Edwin Woods
3. (b) If veteran, name war World War # 2
3. (c) Social Security No. 490-09-0729

4. Sex Male 0
5. Color or White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan 14 1904
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Exchanger Spring Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk 0
11. Industry or business

FATHER
12. Name Wm Harry Woods
13. Birthplace Exchanger Spring Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary T. Van
15. Birthplace Exchanger Spring Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant F. J. Woods
(b) Address 4020 Warwick Blvd KCM
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-48
(Month) (Day) (Year)
(c) Place: burial or cremation Holden Mo
18. (a) Signature of funeral director Pennington Bros
(b) Address KCMO
19. (a) 3-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1948 hour 7 minute 50 A M.
21. I hereby certify that I attended the deceased from Coroners 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 D	

Major findings:
Of operations
Of autopsy no
History & Inspection

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 [illegible] D. or other
Address 1424 [illegible] signed 3-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 19

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 Francis Walton

Licensed Embalmer No. 2744

P. O. Address KCMO

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.