S. No. 300
M—10-47
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30025

Registration District No. 749 | Primary Registration District No. 1002 | Registrar's No. 3709

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: Over 10 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.: 1313 W. 23 St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Lillie Belle Woods

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Edward F. Woods

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

7. Birth date of deceased: May (Month) 15 (Day) 1883 (Year)

8. AGE: Years 65 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace: Keokuk (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: At home

11. Industry or business:

MOTHER FATHER

12. Name: Benj. Mattox

13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Barbara Snyder

15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Henry Woods

(b) Address: 2727 No. 8th St. K.C. Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-10-1948 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Memorial Park Cem. KCK

18. (a) Signature of funeral director: Katie Daniels Funeral Home (Daniels Bros)

(b) Address: 644 Kansas Ave. K.C. Kans.

19. (a) 9-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 8 year: 1948 hour: 7 minute: 28 P.M.

21. I hereby certify that I attended the deceased from Sept. 2, 1948 to Sept. 8, 1948 that I last saw her alive on Sept. 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrovascular accident	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	

Major findings:
Of operations:
Of autopsy: None

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: Wm. W. Hart (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 9-9-48

(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 Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address Co. C. Hanson

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.