

FILED NOV 16 1948

State File No.

4348

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Hosp. (I)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs. (Specify whether
In this community 2 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 351 N. Chelsea
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant 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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 10 - 23 - 48
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>2 hr. 25 min.</u>

9. Birthplace Kansas City Mo. (I)
(City, town, or county) (State or foreign country)

10. Usual occupation infant

MOTHER FATHER

11. Industry or business _____

12. Name Forest H. Woods

13. Birthplace Kansas City Mo. (I)
(City, town, or county) (State or foreign country)

14. Maiden name Mary Coe

15. Birthplace Kansas City Mo. (I)
(City, town, or county) (State or foreign country)

16. (a) Informant Forest Woods

(b) Address 351 N. Chelsea

17. (a) Cremation (b) Date thereof 10 25 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mrs. C. L. Tardif

(b) Address 918 Brooklyn, K.C. Mo.

19. (a) 10-25-48 (b) Edith Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23
year 48 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from 10 23 1948 to 10-23 1948
that I last saw her alive on 10-23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Infant Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 151

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) _____ (e) Means of injury (I)

23. Signature H.K. Knoch (M. D. or other) _____

Address 1103 Grand Ave Date signed 10/24/48

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.....
Not Embalmed
Licensed Embalmer No.....
P. O. Address.....

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.