

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27098
Registrar's No. 3538

BIRTH NO. 49780-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSP		d. STREET ADDRESS (If rural, give location) 2821 CHARLOTTE	
3. NAME OF DECEASED (Type or Print) a. (First) RODGER b. (Middle) D c. (Last) WOODMANSEN		4. DATE OF DEATH (Month) (Day) (Year) 8 13 49	
5. SEX MA	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 8/13/49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME WILBY WOODMANSEN
 13b. MOTHER'S MAIDEN NAME MARGRET TAYLOR
 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no
 16. SOCIAL SECURITY NO. -
 17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILBY WOODMANSEN K.C. MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 9 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION
 19b. MAJOR FINDINGS OF OPERATION
 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 13, 1949, to Aug 13, 1949, that I last saw the deceased alive on Aug. 13, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE S. S. Tarson, M.D. (Design or title)
 23b. ADDRESS 414 Northman Bldg.
 23c. DATE SIGNED 8/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
 24b. DATE 8/15/49
 24c. NAME OF CEMETERY OR CREMATORY Floral Hills
 24d. LOCATION (City, town, or county) (State) K.C. MO

DATE REC'D BY LOCAL REG. 8-15-49
 REGISTRAR'S SIGNATURE Geraldine Holmes
 FUNERAL DIRECTOR'S SIGNATURE ADDRESS SHEPHERD FUNERAL HOME K.C. MO

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

*Dr. Parsons
Worham Ill.
3rd June*

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J.P. Sheil*

Licensed Embalmer No. *3525*

P. O. Address *K.C. Mo*

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.