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FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30670

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 10 02 Registrar's No. 3758

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 15 East 6th

12-3

3. NAME OF DECEASED (Type or Print)
a. (First): A. Andrew
b. (Middle): J.
c. (Last): Woods

4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 25, 1870
9. AGE (In years last birthday): 79 ~~79~~ | IF UNDER 1 YEAR Months ~~4~~ Days ~~5~~ | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Carpentar
11. BIRTHPLACE (State or foreign country): Virginia.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John H. Woods
13b. MOTHER'S MAIDEN NAME: Cozba Hedrick
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Miss May Woods
ADDRESS: Galliton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Peritonitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Perforated peptic ulcer
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
5401
20. AUTOPSY? YES [X] 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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1949, *to* Aug. 30, 1949, *that I last saw the deceased alive on* Aug. 30, 1949, *and that death occurred at* 2:15A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm. W. Hart (Degree or title): Wm. W. Hart MD
23b. ADDRESS: Med. Dir. Gen'l Hosp.
23c. DATE SIGNED: 8-30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 1-49
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cem.
24d. LOCATION (City, town, or county) (State): Kansas City Kansas

DATE REC'D BY LOCAL REG.: 8-31-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Dixon L Repley
ADDRESS: Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Dixon L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.