

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006768

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1026 STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1026

**FILED MAR 7 1962**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in lb 83 Years  
 c. FULL NAME OF (If NOT in hospital, give location) 401 East 36th Street, Hyde Park Nursing Home Inside Limits  Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits  Yes  No  
 d. STREET ADDRESS (If outside, give location) 4352 Rockhill Rd. Reside on Farm  Yes  No

3. NAME OF DECEASED (Type or print) First ELSIE Middle WOODMAN Last WOODMAN  
 4. DATE OF DEATH Month Feb. Day 18 Year 1962

5. SEX Female 6. COLOR OR RACE Cauc. 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 11/22/77 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months    Days    IF UNDER 24 HR Hours    Min.   

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY -- 11. BIRTHPLACE (City and state or country) Boston, Massachusetts 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Horace A. Woodman 13b. MOTHER'S MAIDEN NAME Elizabeth A. Ross 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 Mr. H. J. Blauw, 306 East 67th St. Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)     
 DUE TO (c)     
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)     
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   

20c. TIME OF INJURY Hour    Month, Day, Year    a.m.    p.m.   

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)    20f. CITY, TOWN, OR LOCATION    COUNTY    STATE   

21. I attended the deceased from Nov 1961 to 2/18/62 and last saw her alive on 2/18/62  
 Death occurred at 6:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. F. Farnsworth M.D. 22b. ADDRESS 1143 Grand Ave. No 22c. DATE SIGNED 2/19/62

23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial 23b. DATE Feb. 20, 1962 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 23d. LOCATION (City, town, or county) Kansas City Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, 1331 Brush Creek Blvd. Kansas City, Mo. 2-20-62 25. DATE RECD. BY LOCAL REG.    26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 8  
 2  
 INSTEAD OF  
 DOCUMENT  
 BY AFFIDAVIT OF  
 Farnsworth MEDICAL CERTIFICATION  
 SHOULD READ

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold L. Catternae*

Licensed Embalmer No. 3035

P. O. Address

*H. Catternae*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.