

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

DEC'D APR 17 1939

9327
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 2215 Bales St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 983

2. PRINT FULL NAME Mrs. Mary Jane Woody

(a) Residence, No. 2215 Bales St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calvin Harve Woody
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1866
 7. AGE YEARS 73 MONTHS 1 DAYS 0 If LESS than 1 day,hrs. ormin.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1939

I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939, to Feb. 27, 1939
 I last saw her alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 9:32 p.m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Cerebral Embolism
 Date of onset Feb 24, 1939
930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Other contributory causes of importance:

Chronic Myocarditis
 Date of onset not known

13. NAME James Currie
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

Name of operation None Date of None
 What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Jane Noland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Calvin Harve Woody
2215 Bales

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Floral Hills DATE Feb. 1, 1939

24. Was disease or injury in any way related to occupation of deceased? No

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wamsley Funeral Home
Independence, Mo.

If so, specify Kenneth C. Davis M. D.
 (Signed) Kenneth C. Davis
 (Address) 3301 Woodland
Kansas City, Mo.

20. FILED 3-1 19 39 M. M. Crowe
 Local Registrar

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.....

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, above space should be left blank.

Handwritten notes:
SIS 77
A 600 V
M... ..