

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2907 Baltimore 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2907 Baltimore Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mrs. Annie Woods 320
3. (b) If veteran, name war NO
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd
year 1940 hour 4.45 minute _____ P. M.
21. I hereby certify that I attended the deceased from 7/1/40
8/23 19. to 8/23 19. 40
that I last saw her alive on 8/23 19. 40
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Calvin S. Woods 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June 13 1860
(Month) (Day) (Year)

Immediate cause of death _____
Due to Cerebral hemorrhage 3 days
Arterio Sclerosis
Due to gta
Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 2 Days 10 If less than one day
hr. _____ min. _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Penna.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Guth
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis C. Doerr
(b) Address 2907 Baltimore Ave.

17. (a) Burial (b) Date thereof 8/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City Missouri

19. (a) Aug. 25, 1940 (b) M. M. Provine
(Date received local registrar) (Registrar's signature)

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 _____
28. Signature M. D. Pruit (M. D. or other)
Address 1215 Rialto Bldg. Date signed 8/24/40

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, by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence W. Chellis

Licensed Embalmer No.

2473

P. O. Address

76 E 760

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.

*In Dr. T. W. ...
Realtor's Office 12:10 to 8 P.M.*