

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13486
Registrar's No. 1467

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 4003 Roanoke Road
(d) Length of stay: In hospital or institution 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4003 Roanoke Road
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mattie Jane Wooderson
(b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 11
year 1941 hour _____ minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
7. Birth date of deceased: February 6, 1871

21. I hereby certify that I attended the deceased from May, 1932 to April 11, 1941;
that I last saw her alive on April 10, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 2 Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Springfield, Missouri
10. Usual occupation At Home

Immediate cause of death: Cardiac Failure
Due to Senile Dementia
Due to Arthritis Deformans
Other conditions: 548
Major findings: none
Of autopsy: not done

MOTHER FATHER {
11. Industry or business _____
12. Name James M. Kirby
13. Birthplace Tenn.
14. Maiden name Almira Overman
15. Birthplace Indiana
16. (a) Informant Mrs. J. Clifford Pruett
(b) Address 4003 Roanoke Road
17. (a) Burial (b) Date thereof 4/14/41
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Quirk & Johnson Co
(b) Address Kansas City, Mo.
19. (a) Apr 13 1941 (b) M. M. Brown

Duration 2 weeks
18 months
20 years
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? _____
(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 0
23. Signature Ch. Lowery (M. D. or other) 0
Address 318 Alameda Road Date signed 4-12-41

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

48
3
8

STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF BURIALS

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.....

Harold Perry
4097

..... Licensed Embalmer No.

P. O. Address *20 W. Linwood*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No.

Primary Registration District No.

Registrar's No. 1467

1. PLACE OF DEATH:

(a) County
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4003 Resonate Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Mattie Jane Woodson

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 1 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 4-13-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

DEATH CERTIFICATION

20. DATE OF DEATH Month April day 11th
year hour minute M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
As a result of myocardial

Due to Senile Dementia

Due to Arterio Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
43A

Of autopsy

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

23. Signature C. H. Gentry (M. D. or other) M.D.

Address 315 Alameda Road Date signed May 25 1941

SUPPLEMENTARY

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

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

S-13486