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X26390

FILED NOV 13 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4063**

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:  
**St. Mary's Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since October 6th**  
(Specify whether  
In this community **as above** **0**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Franklin,** **999**  
(c) City or town **Ottawa,** **15**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R. F. D. #1,**  
(If rural, give location)  
(e) Citizen of foreign country? **X** (Yes or No)  
If yes, name country **X** **L**

3. (a) PRINT FULL NAME **John Lewis Woodburn,**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **514-09-0101**

4. Sex **Male** 0 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Married**  
6. (b) Name of husband or wife **Mabel Woodburn,** 6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **December 24 1881**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**59** **10** **5** hr. min.

9. Birthplace **Kansas,** 1  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer, and Carpenter**

11. Industry or business **Carpenter**

12. Name **William Curry Woodburn,**

13. Birthplace **Ohio,** 1  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Burns,**

15. Birthplace **Ohio,** 1  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mabel Woodburn,**

(b) Address **Ottawa, Kansas, R. F. D. #1.**

17. (a) **Removal,** (b) Date thereof **10-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ottawa, Kansas.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **10/21/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29th,**  
year **1941** hour **5:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept. 10**  
**1941** to **Oct 29** **1941;**  
that I last saw him alive on **Oct 28** **1941;**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pulmonary embolism**  
**intestinal obstruction**  
Due to **Post-operative**  
Due to **Carcinoma of Rectum**  
**and sigmoid (3)**  
**apparently both primary**  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **Carcinoma - rectum**  
**and sigmoid**  
Of autopsy **yes** **H B P**

Duration  
PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **H B Campbell** (M. D. or other) **D**  
Address **Kansas City** Date signed \_\_\_\_\_

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

MOTHER FATHER

Dr. Fred Campbell,

1 Room 1000-1000

**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 Emory M. Plank

Licensed Embalmer No. 1848

P. O. Address Kansas City

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

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