

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEC 22 1941 399

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4095

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 35 years
(Specify whether 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. 2106 Woodland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel C. Woods

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe ♀ 5. Color Col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Woods 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February 16 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 15 If less than one day hr. min. MO 0

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

10. Usual occupation At Home

11. Industry or business _____

12. Name John Crawford

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

14. Maiden name Mary

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

16. (a) Informant William Woods

(b) Address 2106 Woodland

17. (a) burial (b) Date thereof 11/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 11/3/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31st
year 1941 hour 3 minute A M.

21. I hereby certify that I attended the deceased from October 16
1941 to October 30, 1941
that I last saw her alive on October 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to Rectal Abscess

Due to _____

Other conditions Diabetes Mellitus & ulcers
(Include pregnancy within 3 months of death)

Major findings of operations Surgical absence of left leg above

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 Fitzroy E. Young (M. D. or other) _____

Address 2204 1/2 V. Beach 18th Date signed Nov 1 1941

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

11/3/41

4095

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

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.....

D. J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2583 Highland*

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.