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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 40795

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4470

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether

In this community 3 Weeks 0 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Lyon 999 14

(c) City or town Emporia 0 (If outside city or town limits, write "RURAL")

(d) Street No. 908 Constitution Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? --- 2 years.

3. (a) PRINT FULL NAME Mrs Myrtilla E. Woodard

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Z. D. Woodard

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased June (Month) 3 (Day) 1873 (Year)

8. AGE: Years 68 Months 5 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER

12. Name Thomas D. Achor

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

14. Maiden name Margaret A. Michael

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

16. (a) Informant Mrs. Edith Franz

(b) Address Rasbach Hotel

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Dec 2-1941 (Date received local registrar) (b) M M Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 1st year 1941 hour 5 minute 25 P. M.

21. I hereby certify that I attended the deceased from November 19th, 1941 to December 1st 1941 that I last saw her alive on December 1st, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cancer of Gall Bladder

Due to Metastasis Liver & regional glands

Other conditions (Include pregnancy within 3 months of death)

46?

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J G Montgomery (M. D. or other) 0

Address Prof Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 C. Hervey Dunsenber

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

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

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