

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 13 days
(Specify whether years, months or days)
 In this community 50 yrs.

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. 446 South Colorado
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM WOODS

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 2 - 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____
 12. Name William H. Woods
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown Dougherty
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Milton
 (b) Address 404 Hiway, Independence, Mo.

17. (a) Burial (b) Date thereof 4-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lee's Summit, Mo.

18. (a) Signature of funeral director George C. Carson
 (b) Address Independence, Mo.

19. (a) 4-6-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
 year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3-23-42, 19____, to 4-5-42, 19____;
 that I last saw him alive on 4-5-42, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction; Cerebral arteriosclerosis; Chronic cholecystitis

Due to _____
 Due to 940

Other conditions See above
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy See above

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)
 Means of injury fall

23. Signature Wesley R. Thore (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4838

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.....

~~Arthur Dean Owens~~

....., Registered Apprentice No.

working under my personal supervision.

Signed Arthur Dean Owens

Licensed Embalmer No. 4280

P. O. Address Independence Mo.

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.