U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17231

State File No. 2035

FILED JUN 6 1942

Registration District No. 3479 Primary Registration District No. 1002 Registrar's No.

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

48 3 8

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. Lukes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hr. (Specify whether years, months or days)
In this community 2 hr.

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. 5409 Forrest
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Boy Woodward
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced 0 unk
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 6 (Day) 42 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	0	2 hr. min.

9. Birthplace St Lukes Hospital 0 (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
MOTHER FATHER
12. Name Marvin Gordon Woodward
13. Birthplace Kansas City, Kansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Agnes Frances Daniel
15. Birthplace Kansas City, Kansas (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Marvin Woodward
(b) Address 5409 Forest, K.C. Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation @ St. Lukes Hospital
18. (a) Signature of funeral director
(b) Address K.C. Mo.
19. (a) 5-25-42 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6 year 42 hour 4 am 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.

	Duration
Immediate cause of death Respiratory failure - asphyxia	
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy only signs of death due Douglas Lach	

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 0
23. Signature Hugh S. Hunter M.D. Address 1101 Baltimore Blvd. Date signed 4/8/42

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(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.....

Licensed Embalmer No.....

P. O. Address.....

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.