

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: K.C. Convalescent Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mo.  
In this community 4 mo. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County Platte 83  
(c) City or town Platte City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3200 Wabasha  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Byron Woodson  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Months Sept day 17  
year 1942 hour 1:45 minute a M.  
21. I hereby certify that I attended the deceased from 5-8-42  
1942 to 9-16-42  
that I last saw him alive on 9-16-42, 1942  
and that death occurred on the date and hour stated above.

4. Sex M O 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife May C.  
6. (c) Age of husband or wife if alive deat. years  
7. Birth date of deceased Jan 26 1857  
(Month) (Day) (Year)

Immediate cause of death Myocardial Degeneration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 935

**8. AGE:** Years 85 Months 7 Days 22  
If less than one day hr. min.

9. Birthplace Richmond Va. (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business Agiculture  
12. Name John Woodson  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Mary  
15. Birthplace Va. (City, town, or county) (State or foreign country)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant C.C. Woodson  
(b) Address Platte City, Mo.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation Platte City, Mo.  
18. (a) Signature of funeral director Ellen Mitchell - Burial  
(b) Address Platte City, Mo.  
19. (a) 9-17-42 (Date received local registrar) (b) M. M. Orme (Registrar's signature)

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 J.P. Lawrence (M. D. or other) 935  
Address 3200 Wabasha Date signed 9-17-42

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

MOTHER FATHER

**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..... *E. Benjamin Cost* .....

Licensed Embalmer No. *4059* .....

P. O. Address. *Platte City, 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.**