

S. No. 2
M-5-42
v. 5-17-39
I X32873

36484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1942
Registration District No. 149

Primary Registration District No. 10.02

Registrar's No. 4395

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 1 hr.
(Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8802 Woodland avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Evelyn Woodworth
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 25th
year 1942 hour _____ minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred Woodworth
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 20th 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1929
~~Nov 25~~ 1929 to Nov 25 1942
that I last saw h. _____ alive on Nov 25 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 9 Days 5
If less than one day
hr. _____ min.

Immediate cause of death
Hemorrhage from malignant cancer of esophagus & eye
Due to _____
Duration 2 hours

9. Birthplace McDill, Wisconsin
(City, town, or county) (State or foreign country)
At home

Due to H.A.
Other conditions (Include pregnancy, within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation _____
11. Industry or business _____
12. Name G. W. VanBuskirk
13. Birthplace Nova Scotia Canada
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Jackson
15. Birthplace Bangor Maine
(City, town, or county) (State or foreign country)

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

16. (a) Informant Fred Woodworth, Jr.
(b) Address 89th & Woodland avenue
17. (a) Removal (b) Date thereof 11/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stevens Point, Wis.
18. (a) Signature of funeral director Freeman Mortuary
104 West 42nd street
(b) Address _____
19. (a) 11-27-42 (b) M. M. Crowe
(Date received local registrar?) (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 C. L. Allen (M. D. or other) _____
Address 1414 Park Blvd 766mo Date signed 11/26/42

Clifford F. Chiles Prof. 1100 Wa. 4525
4945 Haverdale Rd. No. 8983

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 Clarence W. Chiles.....

Licensed Embalmer No. 2473.....

P. O. Address 76 E. Med.....

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.