S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13493

FILED MAY 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1572

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: 3202 East 6th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 weeks
years, months or days)

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. 3202 E 6th Street
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles L. Woodard
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. (b) Name of husband or wife Anna Kaufman Woodard
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January (Month) 29 (Day) 1874 (Year)

8. AGE: Years 69 Months 1 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Sullivan (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name J. Woodard
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Mrs. Allen Rinard
(b) Address 3202 E. 6th Street Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor Mo.
19. (a) 4-1-43 (Date received local registrar) (b) M. M. Osowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28 year 1943, 12 hour 30 minute ..... M.
21. I hereby certify that I attended the deceased from Oct 1942 ....., 19..., to Mar 28, 1943
that I last saw him alive on Mar 25, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction from Cancer Stomach	1 week 3 month
Due to 46B	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Inoperable Cancer of stomach on Feb. 22, 1943
Of autopsy None

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 Frank B. Leitzman (M. D. or other) MD
Address 924 Prof Bldg K.C.M. Date signed 3-28-43

(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 Ellsall Kirstow

Licensed Embalmer No. 3391

P. O. Address Windsor 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.