

24150

U. S. No. 2  
FORM-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **3385**

FILED AUG 14 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**3729 Prospect Ave. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)

In this community **15 Years.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3729 Prospect Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William WOODARD.**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **3rd**, year **1943** hour **11** minute **30 A. M.**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Deloras Jane Woodard**

6. (c) Age of husband or wife if alive **\*\*\*\*** years

7. Birth date of deceased: **March 11th, 1854**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1937** to **8-3-43** 19. **43**  
that I last saw him alive on **8-2-43** 19. **43**  
and that death occurred on the date and hour stated above.

8. AGE: Years **89** Months **4** Days **22**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Cerebral hemorrhage** 1 day  
**arteriosclerosis** 109 yr  
**unknown** 8301

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death)

9. Birthplace **Kentucky /** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Miner.**

11. Industry or business **Coal Miner**

12. Name **William Woodard**

13. Birthplace **Kentucky /** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Haddix** (City, town, or county) (State or foreign country)

15. Birthplace **Kentucky /** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Nova L. Wilson,**

(b) Address **Chicago, Illinois.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/6/43.** (Month) (Day) (Year)

(c) Place: burial or cremation **Higginsville, Missouri.**

18. (a) Signature of funeral director **Melody-McGilley.**

(b) Address **K. S. Mo.**

19. (a) **8-4-43** (Date received local registrar) (b) **J. E. Brown** (Registrar's signature)

Major findings: **Of operations.**

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? \_\_\_\_\_

While at work? **L. G. Potter** (Specify type of place) (e) Manner of injury **D**

23. Signature **L. G. Potter** (M. D. or other)  
Address **724 Proq. Bldg. No. 10** Date **8/3/43**

DR. L. B. POTTER  
PROF. BLDG.

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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. 2999

P. O. Address..... KC

**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.**