

LED SEP 7 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: Kansas City General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
45 years (Specify whether years, months or days) 45 years

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. 3003 E. 32
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Florence Woodard

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex fe 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James M Woodard (Deceased) 6. (c) Age of husband or wife if alive 1870

7. Birth date of deceased: March 7 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Music Teacher

11. Industry or business James M. McNamara

12. Name Ireland

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Connor

15. Birthplace New York City
(City, town, or county) (State or foreign country)

16. (a) Informant James V. McNamara

(b) Address 2406 Agnes

17. (a) Burial (b) Date thereof Aug 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd

19. (a) 8-22-43 (b) T. C. Brown
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
year 1943 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from August 14 19 43 to August 20 19 43
that I last saw her alive on August 20 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured femur
Accidental fall in home

Due to _____

Due to _____

Other conditions 186a
(Include pregnancy within 3 months of death) 18

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 8-14-43 123

(c) Where did injury occur? X-C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place)
(M. D. or other) fall

23. Signature Druey R. Show (M. D. or other)

Address _____ Date signed 8-21-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.