

Registration District No. **149**

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: **Lakeside Hospital.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 Months 13 Days**  
In this community **2 Months 13 Days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Velma C. WOODS.**

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

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

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife

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

7. Birth date of deceased **February 26th, 1919**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>24</b>	<b>7</b>	<b>25</b>	hr. min.

9. Birthplace **Holden Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **Carl Williams**

13. Birthplace **Johnson County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Frankie J. Koch**

15. Birthplace **Gallatin Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Carl Williams.**

(b) Address **Holden Missouri**

17. (a) **Removal** (Burial, cremation, or removal)

(b) Date thereof **10/22/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Holden Missouri**

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

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

19. (a) **10-23-43** (Date received local registrar)

**W. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21st**  
year **1943** hour **12** minute **58 P** M.

21. I hereby certify that I attended the deceased from **Holden, Mo.** to **Holden, Mo.**  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Shock**

Due to **Operative interference for skin grafting**

Due to **Auto Trauma.**

Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings: Of operations **70**

Of autopsy **See Above**

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) **Accident 007**

(b) Date of occurrence **July 1943**

(c) Where did injury occur **Butler Mo**  
(City or town) (County) (State)

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

While at work (Specify type of place) **No**

(e) Means of injury **Trauma**

23. Signature **A. E. Washer** (M. D. or other)

Address **23 M. Cal** Date signed **10/21/43**

NOV 3 1949

MAY 23 1946

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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.....

*J. B. [Signature]*  
Licensed Embalmer No. *2999*  
*KC*

P. O. Address.....

**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.**