

FILED FEB 10 1949
Registration District No. 100 ✓

State File No. _____

Registrar's No. 512

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1816 Vine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Yrs (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Arthur K. Woods, Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-26-0231

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 28 1924
(Month) (Day) (Year)

8. AGE: Years 18 Months 4 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Packing House

11. Industry or business Cudahy

MOTHER FATHER { 12. Name Arthur K. Woods
13. Birthplace Ala.
14. Maiden name Beatrice Carley
15. Birthplace Paris Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Woods
(b) Address 1816 Vine

17. (a) Burial (b) Date thereof 1-31-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo.

19. (a) 1-31-49 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1816 Vine
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1949 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I am a Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Broncho Pneumonia

Due to _____

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

Major findings: Of operations _____
Of autopsy yes

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 W. E. Richardson (M. D. or other) _____
Address 1832 Vine Date signed 1-27-49

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 A. 'I' Moore

Licensed Embalmer No. 948

P. O. Address Kansas City mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.