

FILED JUL 18 1944  
Registration District No. 5227

Primary Registration District No. 5227

1. PLACE OF DEATH:

(a) County CASS  
(b) City or town PECULIAR TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1 1/2 N.E. PECULIAR, MO.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 DAY  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BERTHA MABLE WOODROME

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 495-20-5118

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LAWRENCE A. WOODROME 6. (c) Age of husband or wife if alive 22 years  
7. Birth date of deceased DEC 25 1922  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>6</u>	<u>7</u>	hr. min.

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

10. Usual occupation MACHINIST

11. Industry or business PRATT WHITNEY CORP.

MOTHER FATHER { 12. Name HIRAM R. BUTLER

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

14. Maiden name NANNIE MABLE SMITH  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature H. R. Butler

(b) Address R.P.D. Belton Mo.

17. (a) BURIAL (b) Date thereof JULY 5 '44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director E. K. Brown

(b) Address Bellah, Mo.

19. (a) JULY 4, 1944 (b) Margaret Volk  
(Date received local registrar's) (Registrar's signature)

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. 2616 BENTON  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
year 1944 hour 2 minute \_\_\_\_\_ P.M.

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

Immediate cause of death Cerebral  
diarrhea Duration \_\_\_\_\_

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

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

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) was struck

(b) Date of occurrence JULY 2 about 3 o'clock

(c) Where did injury occur Pratt Whitney Corp Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm, Paul on farm  
(Specify type of place)

While at work? No (e) Means of injury diarrhea

23. Signature E. M. Griffith (M. D. or other)

Address Harrisonville Mo Date signed July 4/44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 18 1944

**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. K. Seay  
Licensed Embalmer No. 3645  
P. O. Address Seaside, 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, above space should be left blank.**