

7. S. No. 2
FORM-2-43
rev. 5-17-39
P-1 X35697

37983

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 17 1944

3026

308

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
709 West Van Horn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 709 W Van Horn
(If rural, give location)

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

3. (a) PRINT FULL NAME Phoebe Woodside

(b) If veteran, name war none

(c) Social Security No. none

4. Sex Female 5. Color or race White

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

7. Birth date of deceased January 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>1</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Thurlowell

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

14. Maiden name Unknown

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

16. (a) Informant Virgil K Woodside

(b) Address 4731 Mercer K.C. Mo.

17. (a) burial (b) Date thereof 11-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo.

19. (a) 11-25-44 (b) J. M. W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 44 hour 7:15 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____
Carson
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerosis
Chronic glomerulonephritis
Arterio-sclerotic heart disease

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 93d

Of autopsy See up

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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Carson _____
Address Kans _____ Date 11-26-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

49
4
4

MOTHER FATHER

DEC 18 1944

JAN 22 1945

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 George C. Carson
Licensed Embalmer No. 2449
P. O. Address Independence 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, fact should be so stated above.