

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1539  
Registrar's No. 74

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 3229 McGee  
(d) Length of stay: In hospital or institution. 3 years  
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3229 McGee  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Helen Woodard  
3. (b) If veteran, name war. No  
3. (c) Social Security No. none

MEDICAL CERTIFICATION sixth  
20. DATE OF DEATH: Month Jan. day first  
year 1945 hour 2:10 minute P M.

4. Sex Fe. 1  
5. Color or race W.  
6. (a) Single, widowed, married, divorced, Married  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased Unknown Sept. 7, 1924

21. I hereby certify that I attended the deceased from [Signature] 19...  
that I last saw h. alive on [Signature] 19...  
and that death occurred on the date and hour stated above.

8. AGE: Years 20 Months 3 Days 29  
If less than one day hr. min.

Immediate cause of death acute Rheumatic heart disease  
Due to acute Rheumatic Fever

9. Birthplace Grandville, Mo.  
10. Usual occupation Housewife

Due to 58 d.  
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name Tom Millner  
13. Birthplace Unknown  
14. Maiden name Mable Million  
15. Birthplace Unknown

Major findings: History & Inspection  
Of autopsy [Signature]  
Underline the cause to which death should be charged statistically.

16. (a) Informant William Woodard  
(b) Address 3229 McGee.  
17. (a) removal (b) Date thereof 1/7/45  
(c) Place: burial or cremation Moberly, Mo.

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

18. (a) Signature of funeral director H. Tigerman & Sons  
(b) Address Kansas City, Mo.  
19. (a) 1-10-45 (b) I. G. Brown (N3)

While at work? (Specify type of place) (c) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address [Signature] Date signed 1-2-45

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

FEB 26 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.....

..... *Francis Walton* ....., Registered Apprentice No. *2744*  
working under my personal supervision.

Signed *J. H. Regan*  
Licensed Embalmer No. *2744*  
P. O. Address *150, 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.