

FILED MAY 3 1945
149

Registration District No. _____

Primary Registration District No. 1002

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:
Trinity Lutheran Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1409 East 40th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fayette Almon WOODWARD.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Calanthe M. Woodward 6. (c) Age of husband or wife if alive **** years
7. Birth date of deceased June 6th 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Keene New Hampshire
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business Frisco Rail Road.

12. Name Joseph Woodward

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

14. Maiden name Unknown

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

16. (a) Informant Carl A. Nylund

(b) Address 5110 Baltimore

17. (a) Burial (b) Date thereof 4/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Melody McGilley

(b) Address Kansas City Mo.

19. (a) 4-20-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1945 hour 9:45 minute _____ a.m.

21. I hereby certify that I attended the deceased from 1:30 April 1945 to 1:30 April 1945
that I last saw him alive on April 18 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to Cerebral hemorrhage

Due to _____
Other conditions (include pregnancy within 3 months of death) 92 b

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 0
23. Signature Carl A. Jackson (M. D. or other) _____
Address 1103 E. Canton Date signed 4-18-45

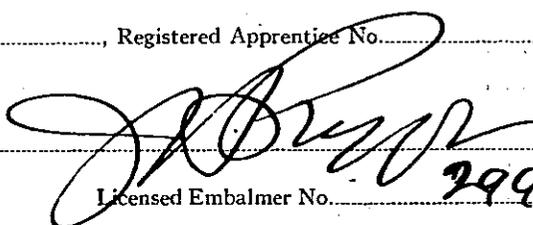
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....


Licensed Embalmer No..... 2999
P. O. Address..... KC

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.