

FILED FEB 7 1946

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3515 PARK AVENUE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community LIFETIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3515 PARK AVENUE 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ALBERT PLUMMER A. WOODLING

3. (b) If veteran, name war

WORLD WAR I

3. (c) Social Security No.

703-03-9202

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. HOTTIE M. WOODLING

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased APRIL 23 1888

(Month) (Day) (Year)

8. AGE:

Years 57 Months 8 Days 26 2/2 hr. min.

9. Birthplace

KANSAS CITY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation

SIGNAL MAN

11. Industry or business

TERMINAL R.R.

MOTHER FATHER
12. Name HENRY D. WOODLING
13. Birthplace LOGANS PORT INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name ELLA SMITH
15. Birthplace NEW YORK 1
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Hattie M. Woodling

(b) Address

3515 Park Avenue

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof Jan 22 1946 (Month) (Day) (Year)

(c) Place: burial or cremation

St. Joseph Cemetery

18. (a) Signature of funeral director

W. F. Newcomer

(b) Address

1400 Brush Creek Blvd.

19. (a)

1-21-46 (Date received local registrar)

(b) Rosalind Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19TH year 1946 hour 11:30 minute 0 M.

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

Immediate cause of death Coronary sclerosis
Due to arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations _____
Of autopsy no
Hemorrhage & gangrene

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 plane)
While at work? _____ (e) Means of injury 3
23. Signature _____ (M. D. or other) _____
Address 1424 Duane Bldg Date signed 1-20-46

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

1340

FEB 11 1948

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 *E. J. Morley*

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.