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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 978

FILED MAR 13 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:
4214 WADDELL AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 7 MONTHS

In this community 7 MONTHS

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. 4214 WADDELL AVENUE
(If rural, give location)

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

3. (a) PRINT FULL NAME ELLEN JANE WOODCOCK

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 26th
year 1946 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. BENJAMIN F. WOODCOCK

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

7. Birth date of deceased MARCH 9 1861
(Month) (Day) (Year)

that I last saw him _____ alive or _____ and that death occurred on the _____ date and hour stated above.

Immediate cause of death Reputly Coronary Arteriosclerosis Duration _____

8. AGE: Years 84 Months 11 Days 17
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace GREENFIELD ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

Other conditions (Include pregnancy within 3 months of death) 94a

11. Industry or business _____

MOTHER FATHER { 12. Name ANDREW R. MITCHELL

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

14. Maiden name SALLIE KINCAID

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

Major findings: Of operations _____

Of autopsy Inspection

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant MR. CHESTER WOODCOCK

(b) Address 4214 WADDELL AVENUE

17. (a) REMOVAL (b) Date thereof FEB. 26 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENFIELD, ILLINOIS

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 2-26-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place) Means of injury _____

23. Signature A. E. Usher (M. D. or other) _____
Address 28001 main Date 2/26/46

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

4946

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 Paul Rapp
Licensed Embalmer No. 2345F
P. O. Address K.C. 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.