

No. 2  
1-5-43  
5-17-39  
I X36671

State File No.

Registrar's No.

1051

Registration District No.

Primary Registration District No. 1002

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

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:  
7233 MONTGALL AVENUE  
(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)

In this community \_\_\_\_\_

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. 7233 MONTGALL AVE.  
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUISA WILHELMINA WOODMAIR

(b) If veteran, name war NO

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15<sup>TH</sup> year 1946 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from JAN 2 1946 MAR 1 1946 that I last saw her alive on MAR 1 1946 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife THOMAS WOODMAIR

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased. Mar. 16. 1884  
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis Duration 7 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Coronary Occlusion (Include pregnancy within 3 months of death) DAY

8. AGE: Years Months Days If less than one day

61 11 15 hr. min.

9. Birthplace CENTRALIA, KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business HOUSE WIFE

MOTHER FATHER

12. Name ADAM SHAEFER

13. Birthplace LIKKYON NY NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name LOTTEN MURKIN

15. Birthplace WILLIAMS PORT, PENNSYLVANIA  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Woodman

(b) Address 7233 Montgall Ave

17. (a) Burial (b) Date thereof Mar 3 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Kansas

18. (a) Signature of funeral director D. J. Newsom's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-2-46 (b) Geraldine Holton  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy gpa

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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) (e) Means of injury \_\_\_\_\_

23. Signature B. C. [unclear] (M. D. or other) \_\_\_\_\_

Address 6244 [unclear] Date signed Mar 2 1946

6944 Purpach  
1-4

---

---

**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 *A. C. Newcomer Jr*  
Licensed Embalmer No. 4043  
P. O. Address *A. C. Newcomer Jr*

**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.**