

S. No. 2
M-5-43
5-17-39
I X38671

FILED APR 29 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:
3320 Virginia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether years, months or days)

In this community **15 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, MO**

(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")

(d) Street No. **3320 Virginia**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)

If yes, name country **X**

3. (a) PRINT FULL NAME **John Calvin Woodward**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **no.**

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Duretta Woodward**

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

7. Birth date of deceased **May 9 1869**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	7	hr. min.

9. Birthplace **Pennsylvania**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

11. Industry or business **X**

MOTHER FATHER

12. Name **John A. Woodward**

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

14. Maiden name **Elizabeth Kimpel**

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

16. (a) Informant **Mrs. Blanche McLaughlin**

(b) Address **Pittsburgh, Pennsylvania**

17. (a) **removal** (Burial, cremation, or removal)

(b) Date thereof **4-18-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Kittanning, Pennsylvania**

18. (a) Signature of funeral director **Stins & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **4-17-46** (Date received local registrar)

(b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16** year **1946** hour **6:40** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 15** to **April 16**, 19**46**, that I last saw him alive on **April 15**, 19**46**, and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia and Myocarditis**

Due to

Due to

Other conditions **Had a transurethral dissection of Prostate gland month ago.**
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **100**

Duration

4 days

PHYSICIAN

Dr. Brown

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 **O**

Signature **John Lapp** (M. D. or other) **J. L.**
Address **1314 Professional Bldg** Date signed **4/17/46**

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

1946

*Proth. Body
11 A.M.*

Dr. John Lepp

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. M. Plank*

Licensed Embalmer No. *1848*

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.