

FILED MAY 20 1946
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2097

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 H.C. GENERAL HOSPITAL No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5-DAYS
(Specify whether)
 In this community 27 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS RUTH ADA WOODROFF
 3. (b) If veteran, name war No
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MR. JAMES E WOODROFF 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased FEBRUARY 8 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>28</u>	hr: _____ min. _____

9. Birthplace CUMBERLAND WISCONSIN
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEWIFE
 11. Industry or business _____

MOTHER { 12. Name WILLIAM HEFFNER
 13. Birthplace PENNSYLVANIA
(City, town, or county) (State or foreign country)
 14. Maiden name JULIA Mc DONALD
 15. Birthplace WISCONSIN
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES E. Woodroff
 (b) Address 729 Troost

17. (a) BURIAL (b) Date thereof MAY 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MT. WASHINGTON CEM.

18. (a) Signature of funeral director W. K. Newcomer's Sons
 (b) Address 1401 BRUSH CREEK BLD.

19. (a) 5-8-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 729 TROOST AVENUE
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6TH
 year 1946 hour 10 minute 10 A.M.
 21. I hereby certify that I attended the deceased from Deputy Coroner, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia - Fracture Rt. Hip
 Due to Injury By Fall

Other conditions Deputy Coroner
(Include pregnancy within 3 months of death)
 Major findings: See Above
Of operations
 Of autopsy See Above

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence May 1946
 (c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? No (Specify type of place) _____
 (e) Manner of injury Fall

23. Signature A. E. Usher (M-D. of Reg.)
 Address 2800 Main Date 5/17/46

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

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 Ernie M. Colborn

Licensed Embalmer No. 3506

P. O. Address KC 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.