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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30565

State File No.

FILED SEP 17 1946

Registration District No. 748

Primary Registration District No. 3026

Registrar's No. 277

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 702 Proctor Place, Independence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 625 W. Lexington 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice Genevieve Woodward

3. (b) If veteran, name war

3. (c) Social Security No. 500-12-4795

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Woodward

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

7. Birth date of deceased April (Month) 25 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	3	5	8 hr. 30 min.

9. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Thice
13. Birthplace Pittsburgh, Penn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Hoffman
15. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Thice

(b) Address 702 Proctor Place, Indep.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address 310 N Main St

19. (a) 8-14-46 (Date received local registrar) (b) [signature] (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day July
year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from
Nov, 1945, to July 30, 1946
that I last saw her alive on July 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
General Carcinoma of abdomen.	6 mo
Due to Primary cocinoma of decending colon	year
Due to	
Other conditions ✓ (Include pregnancy within 3 months of death)	

46E

Major findings:
Of operations Exploratory Lap. Dec 1945
Of autopsy ✓

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?
(Specify type of place)

While at work? (e) Means of injury ✓

23. Signature J C Hickerson (M. D. or other)

Address Independence Mo Date signed July 31 1946

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1941

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 Henry G Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep, 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.