

No. 2  
12-45  
17-39  
X 47070

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
**FILED JAN 7 1947**

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40872  
State File No. \_\_\_\_\_  
Registrar's No. **5399**

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:  
121 Ward Parkway /  
(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 4 years  
(Specify whether years, months or days)

**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. 121 Ward Pkwy  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Theodora TAFT

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

3. (c) Social Security No. NO.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 24  
year 1946 hour 6 am minute 30 M.

21. I hereby certify that I attended the deceased from June  
1946 to Dec 24 1946  
that I last saw her alive on Nov-15 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 widowed

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

7. Birth date of deceased February 14 1886  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration \_\_\_\_\_

Due to hypertension - heart disease - arteriosclerosis

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

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

60 00 10 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business X

12. Name Parker Woodworth

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

14. Maiden name Martha Seavey

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

16. (a) Informant Howard Taft,

(b) Address 2550 Greenway, Toledo, Ohio

17. (a) removal (b) Date thereof 12-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Erie, Pennsylvania

18. (a) Signature of funeral director Stine & McClure

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

19. (a) 12-25-46 (b) Theraldine Holmes  
(Date received local register) (Registrar's signature)

Other conditions no

(Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy none

**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 Hester J. Wilson (M. D. or other) mjd  
Address Plaza Medical Bldg Date signed 12/24/46

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

*Dr. Heath Wilson  
Hoga and Bentley*

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**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**