

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:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether life) _____

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Roger H. Woodman

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 22 1881
(Month) (Day) (Year)

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

65 2 28 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business X

12. Name Horace A. Woodman

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

14. Maiden name Elizabeth Ross
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Martha R. Woodman

(b) Address 2311 E. 29th St., K. C., Mo.

17. (a) burial (b) Date thereof 2-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery
Stine & McClure

18. (a) Signature of funeral director _____

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2-21-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month February day 19
year 1947 hour 6:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Jan 30 1947 to Feb. 19 1947
that I last saw him alive on Feb. 19 1947
and that death occurred on the date and hour stated above.

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. 2311 East 29th Street,
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1947 hour 6:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Jan 30 1947 to Feb. 19 1947
that I last saw him alive on Feb. 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Uremia

Due to acute nephritis

Due to Coronary thrombosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____ (Specify type of place) _____

23. Signature Herbert Shurey (M. D. or other) M.D.

Address 3903 Brooklyn Date signed 2-20-47

Duration
7 wk
2 wks
2 wks
PHYSICIAN

Underline the cause to which death should be charged statistically.

3805
C. J. ...

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 *J. Blair Shuppard*
Licensed Embalmer No. *4179*
P. O. Address *K - C. Md.*

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.