

FILED FEB 17 1947

State File No. _____
Registrar's No. 529

Registration District No. 149

Primary Registration District No. 1002

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:
Home- 8111 Park Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 24 Years
years, months or days)

3. (a) PRINT FULL NAME Clearcy M. Woodrome

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 Widow

6. (b) Name of husband or wife Clinton Woodrome 6. (c) Age of husband or wife if alive _____ years Deceased

7. Birth date of deceased Aug. 18th, 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Reason Friend

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

14. Maiden name Elizabeth Mc Carthy

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

16. (a) Informant Mrs. Bertha Chapman

(b) Address 3822 East 19th, St.

17. (a) Burial (b) Date thereof 2/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Earp & Sons

(b) Address 4139 East 15th, St.

19. (a) 2-4-47 (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. 8111 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd.
year 1947 hour 10 minute 25 A. M.

21. I hereby certify that I attended the deceased from Jan. 27 1947, to Feb 7 1947,
that I last saw him alive on Feb 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial infarction
Due to arterio sclerosis
Chronic nephritis
Due to old age

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 131a
Of operations _____
Of autopsy _____

Duration _____
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?
While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Geraldine Holmes (M. D. or other) _____
Address 80 E. Park Date signed 2/5/47

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

John B. Kemp

Licensed Embalmer No. *2945*

P. O. Address. *J.C. Kemp*

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.