

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9510**
Registrar's No. **1286**

FILED APR 1 1947

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:
3921 MORRELL AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **70 years**
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME **MR. CAMPBELL WALLACE WOFFORD**

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 **WIDOWED**
6. (b) Name of husband or wife **MRS. Elizabeth Wofford**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **AUGUST 4 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **13**
If less than one day: hr. _____ min. _____

9. Birthplace **CARTERSVILLE GEORGIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **ELECTRICIAN**

MOTHER FATHER
12. Name **JUDGE JOHN W. WOFFORD**
13. Birthplace **BANKS COUNTY GEORGIA**
(City, town, or county) (State or foreign country)
14. Maiden name **CORNELIA ELIZABETH PRESCOTT**
15. Birthplace **CHARLESTON SOUTH CAROLINA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Amelia Wofford**
(b) Address **3921 Monell**

17. (a) **BURIAL** (b) Date thereof **3-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **ELMWOOD CEMETERY**

18. (a) Signature of funeral director **W. M. Deaconess, Jr.**
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **3-19-47** (b) **Sheldine 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. **3921 MORRELL 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 **MARCH** day **17**TH
year **1947** hour **4** minute **00 A.M.**

21. I hereby certify that I attended the deceased from **Feb 26**, 1947, to **March 12**, 1947
that I last saw him alive on **March 15**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
anginal pectoris
Duration **2 days**
213 days

Due to _____
Due to _____

Other conditions **Right inguinal Hernia 2 years**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **9/12**
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 _____

23. Signature **W. M. Deaconess, Jr.** (M. D. or other) **MD**
Address **1239 Elmwood** Date signed **3/18/47**

1037
1:30-5
G. Simons

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. Colburn

Licensed Embalmer No. 3506

P. O. Address K. C. 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,