

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17696
Registrar's No. 2170

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: Kansas City General Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour 10 min
In this community Non-Resident (Specify whether years, months or days)

3. (a) PRINT JOHN SOISTER WOODSON
FULL NAME
3. (b) If veteran, W. W. #2 name war
3. (c) Social Security No. 495-01-3325

4. Sex Ma 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rosalie V. Woodson
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased September 27 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 7 18 .hr. min.

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

10. Usual occupation Investment Broker

11. Industry or business Prugh, Combest & Land

12. Name Samuel Meade Woodson

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

14. Maiden name Ariell Peck

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

16. (a) Informant Mrs. John S. Woodson

(b) Address 428 W. Franklin St. Liberty, Mo.

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

(c) Place: burial or cremation Liberty, Mo

18. (a) Signature of funeral director J. H. Wagner

(b) Address Kansas City, Mo.

19. (a) 5-16-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 428 West Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 15th
year 1947 hour 11: minute 45 A. M.

21. I hereby certify that I attended the deceased from Coron, 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest

Due to stroke

Due to pedestrian hit by a driverless truck

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1700-11

Of autopsy no
fracture of femur

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 5-15-47 12:3

(c) Where did injury occur? 100. Jettie mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury truck

23. Signature Jacquell Walker (M. D. or other) Coron

Address 1424 N. Main St. Date signed 5-16-47

OCT 29 1947
JAN 3 1948

DEC 20 1948

JUN 3 1947

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.