

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21263

State File No. ....

FILED JUN 23 1947

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2587

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 \_\_\_\_\_ (Specify whether)  
In this community 70 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 3921 MORRELL AVENUE 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AMELIA ELIZABETH WOFFORD

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE

6. (e) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased MAY 20 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>0</u>	<u>21</u>	_____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

MOTHER FATHER

11. Industry or business AT HOME

12. Name JOHN W. WOFFORD

13. Birthplace BANKS COUNTY GEORGIA  
(City, town, or county) (State or foreign country)

14. Maiden name CORNELIA FRESCOT

15. Birthplace CHARLESTOWN SOUTH CAROLINA  
(City, town, or county) (State or foreign country)

16. (a) Informant LOUISA C. WOFFORD

(b) Address 3921 MORRELL

17. (a) BURIAL (b) Date thereof 6-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELM WOOD CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLDG.

19. (a) 6-12-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11<sup>TH</sup>  
year 1947 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from  
June 31, 1947, to June 11, 1947;  
that I last saw her alive on June 9, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral Valvular Disease 1 year  
Chronic Hypertension 1 year

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

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

Other conditions: Arthritis Spine 4 months  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 92%

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 Ed Rose (M. D. or other) MD  
Address 1813 N. Elmwood Date signed 6/11/47

103 Faith & Lincoln  
1:45-5: 7-8

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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.....

*John E. Fraking*....., Registered Apprentice No. *504*  
working under my personal supervision.

Signed..... *E. Oscar Worken*.....

Licensed Embalmer No. *1767*.....

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.**