

FILED OCT 31 1947

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 408 - Bridge
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARIEL PECK WOODSON

3. (b) If veteran, name war none 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 Samuel M. Woodson 6. (c) Age of husband or wife if alive 16 years (Month) (Day) (Year)
7. Birth date of deceased June 16 1880 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. H. Peck
13. Birthplace Polk Mo. (City, town, or county) (State or foreign country)
14. Maiden name Alice Loister
15. Birthplace Kansas etc. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Samuel M. Woodson Jr.

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof Oct. 20 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty, Mo.

18. (a) Signature of funeral director Church - Archer Co

(b) Address Liberty, Mo.

19. (a) Oct. 20 1947 (b) William Haysnes (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 19 year 1947 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from 21 Dec., 1945, to Oct. 19 1947 that I last saw h. o.y. alive on Oct 18, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis Duration _____

Due to Cerebral Hemorrhage

Due to Hypertension

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

Major findings: Of operations 35A Of autopsy _____

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 2

23. Signature O. S. Smith (Name for other) O. O.

Address Liberty, Mo. Date signed 10-20-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

14
2
1

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-30-47

JAN 13 1948

DEC 20 1948

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 _____

Harold H. Smith, Registered Apprentice No. 33
working under my personal supervision.

Signed John Lombard
Licensed Embalmer No. 4448
P. O. Address Liberty Ave

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.