

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8193**
Registrar's No. **27**

Registration District No. **72** Primary Registration District No. **3013**

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

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 2122 Erie St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX
In this community 90 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Cynthia Woods
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife E.A. Woods
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Oct 15 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 15 XX hr. XX min.

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER { 12. Name La rfield Mosby
13. Birthplace XXX Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Cordelia Goode
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Mosby
(b) Address Gashland Missouri

17. (a) Burial (b) Date thereof April 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Barry Mo

18. (a) Signature of funeral director Morton-Smith's F.H.
(b) Address North Kansas City

19. (a) April 12 1948, Beulah Kitchen
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from October 17 to March 7
1947 to 1948
that I last saw her alive on Mar 26
and that death occurred on the date and hour stated above.

Immediate cause of death... Terminal Pneumonia Duration 10 days
Due to Cerebral Hemorrhage 6 weeks
Due to Hypertensive C-V disease unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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? _____

23. Signature J.E. Mc... (M. D. or other) MD
Address 2025 Spring St. (Law) Date signed 3-31
Where at work? _____ (Specify type of place)
(c) Means of injury _____

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-48

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.....

Chester L. Fleming, Registered Apprentice No. 447
working under my personal supervision.

Signed Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City 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.