

FILED JUL 19 1948/49

Registration District No. _____

Primary Registration District No. 1002

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: 2303 Prospect (on street) 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs. years, months or days

3. (a) PRINT

FULL NAME William Woodard
3. (b) If veteran, name war no 3. (c) Social Security No. 496-09-3304

4. Sex m 5. Color or race Col. 6. (a) Single, widowed, married, divorced mar.
6. (b) Name of husband or wife Susie Woodard 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased June 28 1868
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Union Freight Ways

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Susie Woodard

(b) Address 306 Broadway

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-7-48
(Month) (Day) (Year)

(c) Place: burial or cremation Osteopathic College

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2002 E. 12th St. Kansas City, Mo.

19. (a) 7-7-48 (Date received local registrar) (b) Sheldine Thomas (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 306 Broadway
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1948 hour 11 minute 05A M.

I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that he was alive and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to hypertensive heart disease
Due to _____

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

Major findings: Of operations 93rd

Of autopsy no permit

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. C. McVeigh (M. D. or other) _____
Address 2636 Brookfield Date signed _____

WRITE PLAINLY - USE CHANGING BLACK INK - MAKE A PERMANENT RECORD

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7-2-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *C. Kenneth [Signature]*

Licensed Embalmer No. 4437

P. O. Address.....

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.