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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36972

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4529

1. PLACE OF DEATH:

(a) County JJACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
GENERAL HOSPITAL #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 8 days (Specify whether
In this community 1 month 8 days
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. 1808 East 17th Street (rear) 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LEONARD JAMES WOODS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUGUST (Month) 10 (Day) 1948 (Year)

8. AGE: Years | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

FATHER
12. Name LAWRENCE WOODS
13. Birthplace BUSLEY (City, town, or county) LOUISANA 1 (State or foreign country)

MOTHER
14. Maiden name LEONA AUGUSTINE
15. Birthplace NEW ORLEANS (City, town, or county) LOUISANA 1 (State or foreign country)

16. (a) Informant MOTHER: LEONA WOODS
(b) Address 1808 East 17th St. (rear)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Wm A. Lohmeyer
(b) Address City Mortician

19. (a) 11-6-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month SEPTEMBER day 18
year 1948 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from AUGUST 10, 1948, to SEPTEMBER 18, 1948;
that I last saw him alive on SEPTEMBER 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death MULTIPLE CONGENITAL ANOMALIES

Due to PYELO NEPHRITIS

Due to

Other conditions
(Include pregnancy within 3 months of death) 133 R

Major findings:
Of operations

Of autopsy SAME AS ABOVE

Duration

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?
(Specify type of place) E. Frank Ellis
While at work (e) Means of injury

23. Signature E. Frank Ellis, MD (M. D. or other)
Address 600 East 22nd Street Date signed 10/27/48

(Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2089

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.