

S. No. 300  
M-10-47  
v. 5-17-39  
PI 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 15 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40425  
Registrar's No. 5357

Registration District No. 749

Primary Registration District No. 1002

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:  
KANSAS CITY TUBERCULOSIS HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 2 da. 1  
(Specify whether years, months or days)

In this community unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 2930 MAIN  
(If rural, give location)

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

3. (a) PRINT FULL NAME CHARLES V. WOODS

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-16-854

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28  
year 1948 hour 5:00 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 11  
26 - 1948 to 12-28 1948  
that I last saw him alive on 12-28 1948  
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased: 9 (Month) 30 (Day) 1912 (Year)

Immediate cause of death PULMONARY TUBERCULOSIS Duration 2-3 yrs.

8. AGE: Years 36 Months 2 Days 28 If less than one day 17 hr. \_\_\_\_\_ min.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

9. Birthplace TONGANOXIE KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business LABOR

MOTHER FATHER { 12. Name HENRY WOODS

13. Birthplace KANSAS CITY, MO.  
(City, town, or county) (State or foreign country)

14. Maiden name MAYMIE HOUSE

15. Birthplace KANSAS CITY MO.  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant P.M. Wood

(b) Address Newton, Kansas

17. (a) Burial (b) Date thereof 12-31-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Frank Tobani

(b) Address 20 St. Raymond

19. (a) 12-31-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury \_\_\_\_\_

23. Signature G. K. Landis G. K. Landis  
Address K.C. Sbc. Hosp. Date signed \_\_\_\_\_

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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, ~~by~~.....

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

Signed..... *Howard W. Farmer*.....

Licensed Embalmer No. *4134*.....

P. O. Address *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.**