

FILED APR 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 12781

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1613

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 37 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri		
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		d. STREET ADDRESS (If rural, give location) 555 Stonewall Court, Prospect + Independence Ave				
3. NAME OF DECEASED (Type or Print)		a. (First) Boyd	b. (Middle) none	c. (Last) WOODARD	4. DATE OF DEATH (Month) (Day) (Year) April 9 1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 7, 1887	9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk		10b. KIND OF BUSINESS OR INDUSTRY Goetz Brewery		11. BIRTHPLACE (State or foreign country) Austin Missouri		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David a. Woodard		13b. MOTHER'S MAIDEN NAME Katherine White		
14. NAME OF HUSBAND OR WIFE Pearl Woodard		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) no		16. SOCIAL SECURITY NO. 487-05-7768		
17. INFORMANT'S SIGNATURE OR NAME Pearl Woodard		ADDRESS 555 Stonewall Court				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Esophagus</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 150X				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 months</u>
19a. DATE OF OPERATION 1-21-49	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of esophagus extending to heart</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 16, 1948</u> , to <u>April 8, 1949</u> , that I last saw the deceased alive on <u>April 8, 1949</u> , and that death occurred at <u>12:20 Am.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Herbert Shuey M.D.</u>		23b. ADDRESS <u>3903 Brooklyn</u>		23c. DATE SIGNED <u>4-7-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>4/11/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-11-49</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>			
		ADDRESS <u>Kansas City, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

3403 Brooklyn
Dr. Sherry

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John E. Beck

Signed.....
Student Embalmer

Licensed Embalmer No. 4063

P. O. Address K. E. 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.