

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27281**
3393

FILED AUG 25 1951

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 51 Yrs		d. STREET ADDRESS (If rural, give location) 2927 Holly	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2927 Holly			

3458
0

3. NAME OF DECEASED a. (First) Ellanora b. (Middle) Mary c. (Last) Woermann			4. DATE OF DEATH (Month) (Day) (Year) August 4 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 8 1883	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailoress		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Herman Woermann		13b. MOTHER'S MAIDEN NAME Anna L. Putthoff		14. NAME OF HUSBAND OR WIFE Never Married	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 500-03-4564	17. INFORMANT'S SIGNATURE OR NAME Miss Alma Woermann		ADDRESS Kansas City, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion about 3 1/2 hours			4 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Aug 4, 1951, to Aug 14, 1951, that I last saw the deceased alive on 8-4, 19 51 and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE Allan L. Spafford M.D. (Degree or title)		23b. ADDRESS 1416 Prof. Bldg. K. E. McAngelo St.	23c. DATE SIGNED Aug 6-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 9 1951	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) Ottawa, Kansas
DATE REC'D BY LOCAL REG. 8-7-51	REGISTRAR'S SIGNATURE Shiraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster ADDRESS Kansas City, Missouri	

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

2001-4425

James

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 _____

working under my personal supervision.

Student Embalmer No.

Signed J. Virgil Herrick

Signed.....
Student Embalmer

Licensed Embalmer No. 3599

P. O. Address St. C. 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.