

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22317**  
**2849**

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar No. <b>2849</b>
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>34 yrs</b>	c. CITY <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3533 Charlotte</b>		STREET ADDRESS (If rural, give location) <b>435 3033 Charlotte</b>		
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Woodrow</b>	b. (Middle) <b>BRAYSON</b>	c. (Last) <b>PENCE</b>
4. DATE OF DEATH		(Month) (Day) (Year) <b>7-5-55</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>May 1, 1918</b>	9. AGE (In years last birthday) <b>37</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) <b>Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store (Belvedere)</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas, U.S.A.</b>
12. CITIZENSHIP OF WHAT COUNTRY		13a. FATHER'S NAME <b>Gus Pence</b>		
13b. FATHER'S MAIDEN NAME <b>(Echa) Cox</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Pence</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) <b>Yes U.S. II</b>		16. SOCIAL SECURITY NO. <b>487-01-9492</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mary Pence-3033 Charlotte</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Gunsshot wound chest</b>		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kans City Jackson mo</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7-5-55</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self Inflicted</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Hugh H. Owens</b>		23b. ADDRESS <b>1234 Park Blvd</b>		23c. DATE SIGNED <b>7-5-55</b>
24a. FUNERAL CREMATION REMOVAL (Specify) <b>Funeral</b>	24b. DATE <b>7-7-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brookline Cemetery</b>	24d. LOCATION (City, town, county) (State) <b>Seced Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-5-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshel</b>	FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Melody McElley - 674 - S. W. 8th St.</b>		

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

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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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J.A. Poynter*.....

Licensed Embalmer No. *20*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.