

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014554

STATE FILE NUMBER
1632

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1632

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2415 E. 21st Street		Length of stay in lb 46 yrs.		d. STREET ADDRESS (If outside, give location) 2415 E. 21st Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MAY Middle Last WOODS				4. DATE OF DEATH Month 3 - Day 24 - Year 58			
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 26, 1892	9. AGE (In years last birthday) 65 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Work		10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (City and state or country) Platt & City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Saunders		13b. MOTHER'S MAIDEN NAME Maggie Spencer		14. NAME OF HUSBAND OR WIFE Bedford Woods			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Grace Marshall 2415 E. 21 Street, K.G. Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of uterus DUE TO (b) Arteriosclerosis DUE TO (c) Bronchial pneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174X						INTERVAL BETWEEN ONSET AND DEATH 18 months 5 years 1 week.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from Feb. 26, 1957 to Feb. 24, 1958 and last saw her alive on Feb. 24, 1958 Death occurred at 330 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Donald S. Ferguson (Degree or title)		22b. ADDRESS 2012 East 24th Street	22c. DATE SIGNED 3/27/58				
23a. BURIAL CREMATION (REMOVED) (Specify) Burial	23b. DATE 4 - 1 - 1958	23c. NAME OF CEMETERY OR CREMATORY Platt & City Cemetery		23d. LOCATION (City, town, or county) Platt & City, Missouri		(State)	
24. FUNERAL DIRECTOR L. E. Davis, K. C. Mo.		25. DATE RECD. BY LOCAL REG. 3-28-58	26. REGISTRAR'S SIGNATURE Neva Marshall				

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 MEDICAL CERTIFICATION
 Only black ink or ribbon typewrite if possible.
 No symptoms will be listed.

Donald S. Ferguson
 Only black ink or ribbon typewrite if possible.

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 *Landis H. Jackson*

Licensed Embalmer No. *100*

P. O. Address *312 No*

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.