

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21111

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 375
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 3106 Wabash Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 75 yrs. moa. ds. (f) How long in U. S., if of foreign birth? yrs. moa. ds.

2. PRINT FULL NAME

John J. WILLIS.
(a) Residence, No. 3106 Wabash Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mary E. Willis.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29, 1862</u> | | |
| 7. AGE | YEARS <u>77</u> | MONTHS <u>0</u> |
| | | DAYS <u>23</u> |
| | If LESS than 1 day, hrs. or min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u> | 11. Total time (years) spent in this occupation <u>37</u> |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Fireman</u> | <u>Lieutenant.</u> |
| | 10. Date deceased last worked at this occupation (month and year) <u>15 yrs ago.</u> | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yarmouth</u> <u>Canada</u> | <u>2</u> |
| | 13. NAME <u>George W. Willis</u> | <u>2</u> |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u> | <u>6</u> |
| | 15. MAIDEN NAME <u>Charlotte Deisbert</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| | 17. INFORMANT <u>John P. Willis (Son)</u> (ADDRESS) <u>624 E. 76 Terrace.</u> | |
| | 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>lit. Moriah</u> DATE <u>6/9/39.</u> 19 | |
| | 19. FUNERAL DIRECTOR (NAME) <u>Hellody-McGilley.</u> (ADDRESS) <u>K. C. Mo.</u> | |
| | 20. FILE <u>June 8, 1939</u> <u>M. M. Brown</u> Local Registrar. | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6- 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-8- 1928, to 6-6- 1939
I last saw him alive on 6-6- 1939. Death is said to have occurred on the date stated above, at a. m.
The principal cause of death and related causes of importance were as follows:
Aplastic Anemia; 20 Ps
Colitis
Other contributory causes of importance:
Inf.
Name of operation Inf. Date of Inf.
What test confirmed diagnosis? Inf. Was there an autopsy? Inf.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? +
If so, specify Amaloid Bleach M. D.
(Signed) Amaloid Bleach
(Address) 924 Prof. St.

DR. Black. Vi. 8481.

~~PROP. N. L. O. E.~~

6215 Enslay Lane:

Hl. 4785.

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

Signed.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.