

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4572

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
In this community 22 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 105 East 5th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1941 hour 3 minute 50 A.M.
21. I hereby certify that I attended the deceased from 11-10-41 19 to 11-26-41 19
that I last saw him alive on 11-26-41 19
and that death occurred on the date and hour stated above.

Immediate cause of death Meningo vascular syphilis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME FRANK WILLMES

3. (b) If veteran, name war unk 3. (c) Social Security No. unk

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 22nd 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 4 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler maker

11. Industry or business _____

12. Name Frank Willmes

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Record clerk

(b) Address K.C. General Hospital

17. State Inst. Board (Date thereof 12-9-41)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.C. Western Dental College

18. (a) Signature of funeral director Wm. E. Jolley

(b) Address 619 Ann St. C.

19. (a) Dec 9, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Amey R. Thon (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

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.....

Harry E. Jolley

Licensed Embalmer No.....

4078

P. O. Address.....

K. C. Rau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.