

Registration District No. 3929

Primary Registration District No. 1002

FILED APR 25 1942

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:
3427 Wabash Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 74 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3427 Wabash
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Ensley Willis
 (b) If veteran, name war NO
 (c) Social Security No. NO

4. Sex Male 5. Color of race white
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Ada Willis
 (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 9 1867
 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 22
 If less than one day hr. min.

9. Birthplace Sparta Canada
 (City, town, or county) (State or foreign country)

10. Usual occupation City Fireman Retired

11. Industry or business 5 53 yrs

12. Name George Willis
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Diber
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs ada willis

(b) Address 3427 Wabash

17. (a) Burial (b) Date thereof 43 3 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 4-2-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
 year 1942 hour 12 30 minute A M.

21. I hereby certify that I attended the deceased from June 9, 1934 to March 31, 1942
 that I last saw him alive on March 31, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema

Due to Stokes-Adams syndrome

Due to reflex asphyxia
a rupture

Other conditions (Include pregnancy within 3 months of death)

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 [Signature] (M.D. or other)
 Address 820 [Address] Date signed 4/1/42

Duration

12 hr

6 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

748
3
8

048
3
8

MOTHER FATHER

Phone Gr2892

Dr R C Mc Clanahan
Prof Bg

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.....

Chas Wilks

Licensed Embalmer No. *2644*

P. O. Address *1900 Pinewood*

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.