

No. 2
5-42
5-17-39
X32873

FILED OCT 5 1942
Registration District No. 749

Primary Registration District No. 1002

State File No.

Registrar's No. 2477

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
523 Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 523 Grand
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME KRAFT C. WILLHARDT

3. (b) If veteran, name war no

3. (c) Social Security No. 495-10-4307

4. Sex M (1) 5. Color or race W

6. (a) Single, widowed, married, divorced SO

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years
22 (Day) 1883 (Year)

7. Birth date of deceased. Nov (Month) 22 (Day) 1883 (Year)

8. AGE: Years 58 Months 9 Days 28 If less than one day
hr. min.

9. Birthplace Leavenworth Kans
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business

12. Name John Willhardt

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

14. Maiden name Elizabeth Hanson

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

16. (a) Informant John & Willhardt

(b) Address Leavenworth Kans

17. (a) Removal (b) Date thereof 9/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kan

18. (a) Signature of funeral director Sebbeto's

(b) Address 901 E 5th

19. (a) 9/21/42 (b) Mr. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 1942 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from Coroner 19....;
that I last saw h..... on 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertensive myocarditis
acute pulmonary edema

Due to.....

Due to..... 435

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy See above

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

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 a..... (Specify type of place) (r) Means of injury.....

23. Signature [Signature] (M. D. or other) 3
Address K.C. Mo. Date signed 9/21/42

WRITE PLAINLY—USE 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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Ray E Snow

Licensed Embalmer No. *2560*

P. O. Address *Linwood & Olive*

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.