

FILED JAN 26 1945

State File No. _____

126

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH: Jackson

(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? 314 West 19th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 47 years
(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. 314 West 19th Terrace
(If rural, give location)

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

3. (a) PRINT FULL NAME Samuel Bert Willis

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male 5. Color Col race

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

6. (b) Name of husband or wife Maggie Willis

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1945 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1944
3 to Jan 4, 1945
that I last saw him alive on Jan 4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Infirmities Duration _____

8. AGE: Years 63 Months _____ Days _____ If less than one day
hr. _____ min. _____

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation City Employee

11. Industry or business _____

12. Name Merritt Willis

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

14. Maiden name Phyllis Wilson

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

Major findings: _____

Of operations _____

Of autopsy 2

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Eugene Willis

(b) Address 2318 Sloane, K. C., K.

17. (a) removal (b) Date thereof 1/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Muncie, Leavenworth, KS.

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) 1-9-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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 W. H. B. Smith (M. Doctor) _____
Address Four City, Kans. Date signed 1-6-45

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

MOTHER FATHER

Dr. Blount.

MAY 11 1948

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

J. J. Malone

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.