

FILED MAY 3 1945
Registration District No. 749

Primary Registration District No. 1002

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

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:
3020 De Groff Way
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Mrs Louisa J. Willis

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex fe / 5. Color or race White

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

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

7. Birth date of deceased Nov 5 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 5 21 _____ hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER { 11. Industry or business _____

12. Name Peter BRADEN

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

14. Maiden name Mary

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

16. (a) Informant Mrs Stella Willis

(b) Address 3020 De Groff Way

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/45
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Zaret + Taber

(b) Address 2024 Linwood

19. (a) 4-27-45 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

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. 3020 DeGroff way.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1945 hour 11 minute 15 A M.

21. I hereby certify that I attended the deceased from 4/10/45, 19, to 4/26/45, 19, that I last saw him alive on 4/26/45, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease

Duration _____

Due to _____

Due to _____

Other conditions 93 d.
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Chemical findings

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 at work? _____ (Specify type of place) (e) Means of injury Car

23. Signature O. J. Seth (M. D. or other) _____

Address 1109 Parkside Date 4/27/45

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. M. Zumb*.....

Licensed Embalmer No..... *3774*.....

P. O. Address..... *20 W. Lincoln*.....

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.