S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26659

State File No.

FILED SEP 1 1945

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 3474

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. T.B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-30-45 - 8-15-45 (Specify whether years, months or days)
In this community 2 yrs., 3 months, 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2526 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willis, DeWitt Henry
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Dell Willis
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Feb. (Month) 28 (Day) 1887 (Year)
8. AGE: Years 58 Months 5 Days 17 If less than one day hr. min.
9. Birthplace London, Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business
MOTHER FATHER
12. Name Willis, John
13. Birthplace Greenville (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Elena Hahn
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant K.C.T.B. Hospital
(b) Address Leeds, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs. L. L. Farber
(b) Address K.C. Mo.
19. (a) 8-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1945 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from 4-30-43, 19..., to 8-15, 1945, that I last saw him alive on Aug 15, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Hemorrhage	5 min.
Due to: Pulmonary Tuberculosis	over 5 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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
23. Signature U. L. Coffman (M. D. or other) M.D.
Address Kansas City, Mo. Date signed 8-16-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 28 70

P. O. Address Kansas City Mo

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.