

FILED DEC 10 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 59

Primary Registration District No. 5218

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Rural Big Creek Twp
(c) Name of hospital or institution: 3 Mi. West Of Pleasant Hill
(d) Length of stay: 3 Years
In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass
(c) City or town Rural
(d) Street No. 3 Mi West Of Pleasant Hill
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Lydia B. Willsey

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife L.O. Willsey 6. (c) Age of husband or wife if alive *** years
7. Birth date of deceased Jan 2 1876

8. AGE: Years 70 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Blue Springs Mo.

10. Usual occupation Home
11. Industry or business
12. Name Peter Routt
13. Birthplace Ky.
14. Maiden name Martha Routt
15. Birthplace Ky.

16. (a) Informant John Willsey
(b) Address Pleasant Hill Mo.

17. (a) Burial (b) Date thereof 12/4/1946
(c) Place: burial or cremation Plc# Greenwood Mo.

18. (a) Signature of funeral director N.B. Mansfield
(b) Address Lee's Summit Mo.
19. (a) 12-4-1946 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month No Dec day 2 year 1946 hour 7 minute 13 P.M.

21. I hereby certify that I attended the deceased from Nov 1 1946 to Dec 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Initial Respiratorion

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations A2 B
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature L. Mansfield (Specify type of place) (e) Means of injury 0
Address Pleasant Hill, Mo Date signed 12-3-46

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

MOTHER FATHER

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 N. B. Langford
Licensed Embalmer No. 3833
P. O. Address Lee's Summit 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.