

S. No. 2  
M-5-43  
7. 5-17-39  
P. I. X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13733

FILED APR 23 1947

State File No. \_\_\_\_\_  
Registrar's No. 1603

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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:  
309 Garfield  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 430 N. Grand  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MR. ALPHEUS GIPSON WILLS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Stella Wills 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 9, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 11 27 \_\_\_\_\_hr. \_\_\_\_\_min.

9. Birthplace Cass County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Alpheus Wills

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

14. Maiden name Unknown, Thompson

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

16. (a) Informant Ray Wills

(b) Address 430 N. Grand, Independence, Mo.

17. (a) burial (b) Date thereof 4/9/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar, Mo.

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence, Mo.

19. (a) 4-7-47 (b) St. Pauline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1947 hour 9:25 minute 9 M.

21. I hereby certify that I attended the deceased from October 30  
1945 to April 6 1947  
that I last saw him alive on April 6 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 Hours

Due to Hypertension years

Due to Arterio-sclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: g3N

Of autopsy: \_\_\_\_\_ 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 Frank T. Machovec (M.D. or other) DD

Address 207 Garfield Ave. K.C. Mo. Date signed 4-7-47

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

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.....

*William H. Schlauke*

Registered Apprentice No. *439*

working under my personal supervision.

Signed..... *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.**