S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31318

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4029

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3311 E 20th St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: K.C. (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3311 E 20th St. (If rural, give location) 8
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: MINNIE O. WILLIS
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Apr. 5th 1859 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	5	14	..... hr. ..... min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: Don't Know.
13. Birthplace: Don't Know (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name: Don't Know.
15. Birthplace: Don't Know (City, town, or county) (State or foreign country) 9
16. (a) Informant: Roy Willis
(b) Address: 3311 E 20th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood
18. (a) Signature of funeral director: Carroll-Lowden
(b) Address: 3024 Troost
19. (a) 9-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. Day ..... year: 1947 hour: 10 Aus. minute ..... M.
21. I hereby certify that I attended the deceased from Sept. 1 1946, 19..., to Sept. 19, 1947, that I last saw b... alive on Sept. 19, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 year
Due to: arteriosclerosis	10 years
Due to: senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: No	
Of autopsy: No	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 5
While at work? ..... (e) Means of injury .....
23. Signature: M. B. Lawhead M.D. (M. D. or other)
Address: 4000 Ballinger K.C. Mo Date signed: 9/20/47.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

OCT 13 1967

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 John W. Laybourne.

Licensed Embalmer, No. 1715.

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.