No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31519

Registration District No. FILED SEP 23 1947 / 44

Primary Registration District No. 1002

Registrar's No. 3881

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: GENERAL HOSPITAL #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 DAYS (Specify whether
In this community 25 YEARS
years, months or days)

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. 2019 TROOST
(If rural, give location)

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

If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME LEOLA WILLOUGHBY

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife WILLIAM WILLOUGHBY

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

7. Birth date of deceased FEBRUARY (Month) 26 (Day) 1915 (Year)

8. AGE: Years 32 | Months 6 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation DOMESTIC

11. Industry or business

FATHER
12. Name JOHN CARTER
13. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

MOTHER
14. Maiden name SUSIE GORDON
15. Birthplace (City, town, or county) MISSOURI (State or foreign country) 0

16. (a) Informant WILLIAM WILLOUGHBY
(b) Address 2019 TROOST

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 9-12-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville Mo

18. (a) Signature of funeral director Watkins Bros.
(b) Address 2000 E. 12th R.C. Mo

19. (a) 9-10-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 8
year 1947 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from JULY 22, 1947, to SEPTEMBER 8, 1947;
that I last saw her alive on SEPTEMBER 8, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	
hypertensive Heart Disease	
Due to	
Due to	

Other conditions: Acute Nephritis due to chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131 b

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)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 600 E. 22d Date signed

Jefferson City Printing Co.

(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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.