

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8694

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 867	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 8 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		48 3 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2941 OAK STREET				d. STREET ADDRESS (If rural, give location) 2941 OAK STREET			
3. NAME OF DECEASED (Type or Print) a. (First) MARCELLA		b. (Middle) MARIE		c. (Last) WILLS		4. DATE OF DEATH (Month) (Day) (Year) FEB-22-1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL-2-1889	
				9. AGE (In years last birthday) 59 YRS		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GERMANTOWN, PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES HURLEY		13b. MOTHER'S MAIDEN NAME MARY UNKNOWN		14. NAME OF HUSBAND OR WIFE LEWIS WILLS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 138-03-442		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. BEATRICE MARIE STANSEL 2941 OAK STREET KANSAS CITY, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 174X				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from Nov 11, 1948 to Feb 22, 1949, that I last saw the deceased alive on Feb 19, 1949, and that death occurred at 9:10 a.m., from the causes and on the date stated above.							
23a. SIGNATURE E. A. Devins (Deputy or Attending Physician)				23b. ADDRESS 303 Altman Bldg		23c. DATE SIGNED 2-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 25 1949		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 2-24-49		REGISTRAR'S SIGNATURE E. A. Devins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Deveraux Sons 1401 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

DOYNE W. DANIEL Student Embalmer No. 298

working under my personal supervision.

Student Doyle L. Daniel Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C., 4 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.