

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2070**

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| 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 town) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (in this place) 26 yrs. | | d. STREET ADDRESS (If rural, give location) 56th. & Brookside Blvd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Brookside Hotel, 56th. & Brookside | | | |

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| 3. NAME OF DECEASED a. (First) Travers b. (Middle) Finley c. (Last) Willis | | 4. DATE OF DEATH (Month) (Day) (Year) May 11, 1949 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH May 1, 1872 |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) paper broker | | 10b. KIND OF BUSINESS OR INDUSTRY self | 11. BIRTHPLACE (State or foreign country) Circleville, Ohio |
| | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |

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| 13a. FATHER'S NAME John Willis | | 13b. MOTHER'S MAIDEN NAME Lovina - | | 14. NAME OF HUSBAND OR WIFE Caroline Clarke Willis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jane Travers Willis K. C. Mo. | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary insufficiency | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dental sepsis Chronic Non Specific Bronchitis | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 **March 1, 1949**, to **May 11, 1949**, that I last saw the deceased alive on **May 2, 1949**, and that death occurred at **12 M. M.** from the causes and on the date stated above.

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| 23a. SIGNATURE James H. Danafade M.D. (Degree or title) | | 23b. ADDRESS 411 Alameda Rd. | | 23c. DATE SIGNED 5-11-49 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 5-13-49 | | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn | | 24d. LOCATION (City, town, or county) (State) Columbus, Ohio | |
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| DATE REC'D BY LOCAL REG. 5-11-49 | | REGISTRAR'S SIGNATURE Sheraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. H. Long K. C. Kans. | |
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.

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 _____

Student Embalmer No. _____

working under my personal supervision.

1949
S-16225

Signed Chas. H. Rider

Signed _____
Student Embalmer

Licensed Embalmer No. 3404

P. O. Address 703 N. 10th St. KC, 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.