

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1430

State File No. _____
Registrar's No. **126**

FILED JAN 28 1950

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>126</u>		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>60 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>7411 WYOMING AVENUE</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KRESTWOOD CONVALESCENT HOME</u>				d. STREET ADDRESS (If rural, give location) <u>7411 WYOMING AVENUE</u>				
3. NAME OF DECEASED (Type or Print) <u>CHARLENCE MARTIN</u>			a. (First) <u>CHARLENCE</u>		b. (Middle) <u>MARTIN</u>		c. (Last) <u>WILLIS</u>	
4. DATE OF DEATH <u>JAN. - 6 - 1950</u>		(Month) (Day) (Year)		4. DATE (Month) (Day) (Year)		DEATH <u>JAN. - 6 - 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. - 16 - 1864</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		9. AGE (In years last birthday) <u>85</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER-CATALOGUE DEPT. HARDWARE CO.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RICHARDS + CONOVERS TRRY</u>			11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, MARYLAND</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>WILLIAM MARTIN WILLIS</u>		13b. MOTHER'S MAIDEN NAME <u>VIRGINIA CANT</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ELLEN WILLIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-16-6613</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss NANCY LEE HOGGATT</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u>						
ANTECEDENT CAUSES		DUE TO (b) <u>Senility</u>						
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension and Arteriosclerosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hypertension and Arteriosclerosis</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>48</u> , to <u>Jan 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 6</u> , 19 <u>50</u> , and that death occurred at <u>8:00 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. J. Cochrane</u> (Degree of title)				23b. ADDRESS <u>315 Alameda Rd.</u>		23c. DATE SIGNED <u>1/9/50.</u>		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>JAN-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>1-10-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.W. Newcomer's Sons</u> ADDRESS <u>1031 BRUSH CREEK BLVD KANSAS CITY, MO.</u>				

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

4

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 _____

Robert Ray

Licensed Embalmer No. *4182*

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.