

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. **23718**
3074

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

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 township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>15 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>3724 BROADWAY VALENTINE ON BROADWAY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VALENTINE ON BROADWAY</u>		34	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUKA</u> b. (Middle) <u>B</u> c. (Last) <u>WILLIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-12-1950</u>
--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC-23-1877</u>	9. AGE (In years last birthday) <u>72</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
----------------------	-------------------------------	--	-------------------------------------	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work, none during most of working life, even if retired) <u>Owner Dress Shop</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Creatwood Style Shop</u>	11. BIRTHPLACE (State or foreign country) <u>CASS COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	---	---

13a. FATHER'S NAME <u>Eli Burnett</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Kinder</u>	14. NAME OF HUSBAND OR WIFE <u>HARRY WILLIS</u>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>VERGILE E. WILLIS 404 WEST 61ST STREET KANSAS CITY, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolism</u>		
	DUE TO (c) <u>CA Pelvic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>primary site in cervix</u>		171X	

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) (Min.)	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 4/25, 1942, to 7/12, 1950, that I last saw the deceased alive on 7/10/50, 1950, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. McVay MD</u> (Degree or title)	23b. ADDRESS <u>814 Porter</u>	23c. DATE SIGNED <u>July 13/50</u>
---	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>dola Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>dola Kansas</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7-14-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>P.W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>
--	--	--

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *Kansas City,*

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.