No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41103

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5468

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 6619 Wabash 3810

3. NAME OF DECEASED (Type or Print)
a. (First): Nan
b. (Middle):
c. (Last): Willis

4. DATE OF DEATH (Month) (Day) (Year): 12 26/50

5. SEX: F 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wid. W

8. DATE OF BIRTH: 9/6/1865

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Saline Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: W. A. Cannon

13b. MOTHER'S MAIDEN NAME: unk.

14. NAME OF HUSBAND OR WIFE: W. E. Willis Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No.

17. INFORMANT'S SIGNATURE OR NAME: G. B. Majors — ADDRESS: 6619 Wabash

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Terminal Pneumonia
DUE TO (c): Old age

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Post operative

INTERVAL BETWEEN ONSET AND DEATH: E 9530 20

19a. DATE OF OPERATION: 11/6/50

19b. MAJOR FINDINGS OF OPERATION: Fracture neck Rt. Femur

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 4 50 10A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fall in yard

22. *I hereby certify that I attended the deceased from* 11-4 *1950, to* 12-26 *1950, that I last saw the deceased alive on* 12-25, *1950, and that death occurred at* 9:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo. H. Jones (Degree or title): M.D.

23b. ADDRESS: 1435 E. 78 St. K.C. Mo

23c. DATE SIGNED: 12/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12-28-50

24c. NAME OF CEMETERY OR CREMATORY: Gilliam Cem.

24d. LOCATION (City, town, or county) (State): Gilliam Mo.

DATE REC'D BY LOCAL REG.: 12-27-50

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: Jones & Salger — ADDRESS: Slater, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Jones & Salzer (R.V. Drumm

Signed _____
Student Embalmer

Licensed Embalmer No. 4684

P. O. Address _____

Note:- The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.