

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20442**  
Registrar's No. **2672**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1062</u>		Registrar's No. <u>2672</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>4 1/2 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		<b>2968</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2317 Askew</b>				d. STREET ADDRESS (If rural, give location) <b>2317 Askew</b>			
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Alice</b>	b. (Middle) <b>May</b>	c. (Last) <b>Kirk Wills</b>	4. DATE OF DEATH (Month) <b>6</b> (Day) <b>21</b> (Year) <b>51</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8/9/1895</b>	
9. AGE (In years last birthday) <b>55 55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Childrens Convelsent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Center 40 &amp; Warwick</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>No Record</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah White</b>		14. NAME OF HUSBAND OR WIFE <b>John Wills</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Raymond H. Kirk 4271 E. 61st St</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bullet Wound Chest</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (c) 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.					
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) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-21-51-3800</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Shot in Chest</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Hugh H. Owens</u> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Hugh H. Owens</b>				23b. ADDRESS <b>1034 Riata Bldg</b>		23c. DATE SIGNED <b>6-22-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/23/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City mo</b>	
DATE REC'D BY LOCAL REG. <b>6-22-51</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John A. Sheil A. C. M.</b>			

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.....

*Richard C. Carroll*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*4829*

P. O. Address.....

*R. C. M.*

**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.