S. No. 300
v. 10.48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27277

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3411

1. PLACE OF DEATH
a. COUNTY JACKSON 0
b. CITY OR TOWN ~~JACKSON~~ KANSAS CITY
c. LENGTH OF STAY (in this place) 14 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) KANSAS CITY TUBERCULOSIS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
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) 1015 East Armour - 0

3. NAME OF DECEASED (Type or Print)
a. (First) Dorothy
b. (Middle)
c. (Last) Wills -

4. DATE OF DEATH (Month) (Day) (Year) Aug. 6 - 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S. Nyle
8. DATE OF BIRTH Nov. 17, 1898
9. AGE (In years last birthday) 52 — 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) Typist
10b. KIND OF BUSINESS OR INDUSTRY OFFICE
11. BIRTHPLACE (State or foreign country) Platte City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Noah Wills -
13b. MOTHER'S MAIDEN NAME Mattie Boydston -
14. NAME OF HUSBAND OR WIFE —

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. —
17. INFORMANT'S SIGNATURE OR NAME Kansas City Tuberculosis Hospital
ADDRESS KCM

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) Far advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 1944

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) 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. 602X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 30 *1950, to* Aug. 6 *, 1951, that I last saw the deceased alive on* Aug 6 *, 1951 and that death occurred at* 7:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Altemare (Degree or title)
23b. ADDRESS KANSAS CITY, Mo.
23c. DATE SIGNED 8-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 8-6-51
24c. NAME OF CEMETERY OR CREMATORY Platte City Cem.
24d. LOCATION (City, town, or county) (State) Platte City, Mo.

DATE REC'D BY LOCAL REG. 8-8-51
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE Collins & Mitchell
ADDRESS Platte City, 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 Roland M. Geffee

Signed.....
Student Embalmer

Licensed Embalmer No. 4725

P. O. Address Platte 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.