

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16645**  
Registrar's No. **2038**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2038</b>	
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 town or township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>57 YEARS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2416 EAST 50TH STREET</b>				No. STREET ADDRESS (If rural, give location) <b>376 D 2416 EAST 50TH STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>		b. (Middle) <b>WELLESLEY</b>		c. (Last) <b>VILLMOORE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 8, 1956</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>DEC. 15, 1862</b>	
9. AGE (In years last birthday) <b>93</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEWSPAPER MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. POST</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ALTON, ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOSEPH</b>		13b. MOTHER'S MAIDEN NAME <b>BILLMOORE PURITHA LETITIA GRAY</b>		14. NAME OF HUSBAND OR WIFE <b>JESSIE H. VILLMOORE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>496-10-1387</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Vivian Humiston, 2416 E. 50th St. K.C. Mo.</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES <b>Arteriosclerosis</b>  Morbidity 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.  INTERVAL BETWEEN ONSET AND DEATH <b>331 X</b>					
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)		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 <b>May 24, 1954</b> to <b>May 7, 1956</b> , that I last saw the deceased alive on <b>May 7, 1956</b> , and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. J. Penfold D.O.</b>				23b. ADDRESS <b>2512 Swope Pky K.C. Mo</b>		23c. DATE SIGNED <b>May 9, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 10, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>5-10-56</b>		REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. N. Newcomb 1331 BAYSH CREEK KANSAS CITY MO.</b>			

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

C. J. Penfold

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**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.....  
Signature of Student Embalmer

Signed..... *Basil Honey*

Licensed Embalmer No. *H. 7*

P. O. Address *K.C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.