S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 1945

State File No. 29980

Registration District No. 1149 Primary Registration District No. 1002 Registrar's No. 3943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Forest
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vivian Willis

3. (b) If veteran, name war no
3. (c) Social Security No. 497-12-4617

4. Sex Fe
5. Color or race w
6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Victor Willis
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 9 - 1917 (Month) (Day) (Year)

8. AGE: Years 28 Months 2 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Horace H Counts
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Georgia Smith
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Horace H Counts
(b) Address 2625 Forest

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 24 '45 (Month) (Day) (Year)
(c) Place: burial or cremation Monett Mo

18. (a) Signature of funeral director Mrs. C. L. Forster Funeral Home
(b) Address K-C Mo

19. (a) 9-24-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23 year 45 hour 9 minute P M.

21. I hereby certify that I attended the deceased from September 13, 1945, to September 23, 1945
that I last saw her alive on September 23, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death. bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy see above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Clark W Seely MD (M. D. or other)
Address Med. Dir. K. C. General Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

NOV 6 1945

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 ....

.........., Registered Apprentice No..........,

working under my personal supervision.

Signed Cortland E. Munn

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.