No. 2
10-39
-39
FILED MAY 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 14559

Registration District No. 156 Primary Registration District No. 4090 Registrar's No. 29

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

**1. PLACE OF DEATH:**

(a) County Cass

(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community ✓ years, months or days) 420

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Cass

(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Ida May Willis

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John T. Willis 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Nov. 22 - 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Home Maker ✓

11. Industry or business

FATHER
12. Name Henry H. Grimes
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hester Farlow
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. T. Willis Jr.
(b) Address Harrisonville, Mo

17. (a) Burial (b) Date thereof 5/6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Belton Mo.

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO.

19. (a) 5/6/4 (b) J. E. Winsley M.D.
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 4 year 1940 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb. 8, 1939, to May 4, 1940 that I last saw her alive on May 4, 1940 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cerebral hemorrhage | |
| Due to: Arterial hypertension | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) 820 | |

Major findings:
Of operations
Of autopsy

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? 845
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. S. Triplett (M. D. or other) 1
Address Harrisonville Mo. Date signed 5/6/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville

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

**If this body is not embalmed, above space should be left blank.**