

No. 2
1-12-40
17-39 -
X23159

FILED APR 15 1941
Registration District No. 379

Primary Registration District No. 100

State File No. 1143
Registrar's No.

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:
921 East 14
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
In this community 35 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME James S. Willingham
3. (b) If veteran, name war —
3. (c) Social Security No. 12

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 1865 years
7. Birth date of deceased May 11, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 4
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Samuel Willingham
13. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dottie Stephenson
(b) Address 2316 Guinette

17. (a) Burial (b) Date thereof 3/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Quirk & Tolson Co
(b) Address 12th & Hickman

19. (a) 3/19/41 (b) J. M. Cross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
Kansas City
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 921 East 14
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 year 1941
hour 5:30 P. minute

21. I hereby certify that I attended the deceased from 3-15-41
that I last saw live on 3-15-41 and that death occurred on the date and hour stated above.
Immediate cause of death Acute intestinal obstruction

Due to gangrene of the small intestine
Other conditions (Include pregnancy within 3 months of death) 12/1/10
Major findings: 172.12
Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) 361
Specify type of injury 3

23. Signature William H. Huber (M. D. or other)
Address W.C. No. Date signed

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

8338

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.....

Licensed Embalmer No.....

P. O. Address.....

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.