

No. 2  
1-10-39  
17-39  
X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10321

State File No. \_\_\_\_\_

Registration District No. 1574

Primary Registration District No. 4088

Registrar's No. \_\_\_\_\_

9000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Garden City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
In Garden City  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Willis Pleasant Wildeboor

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Wildeboor 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased August 5 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation City Collector

11. Industry or business Justice of Peace

12. Name Marinus Wildeboor  
18. Birthplace Holland (City, town, or county) (State or foreign country)  
14. Maiden name Frances Taylor  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. O. Wildeboor  
(b) Address Garden City, Missouri  
17. (a) Burial (b) Date thereof 3/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Garden City, Cemetery

18. (a) Signature of funeral director Burt Kauffman  
Garden City, Missouri  
(b) Address \_\_\_\_\_

19. (a) Mar 31/41 (b) Edw. L. Giffen  
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 19  
(c) City or town Garden City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Garden City (If rural, give location)  
(e) If foreign born, how long in U. S. A. Mo years.

1941 MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Mar.  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar 29  
29 to Mar 29 1941  
that I last saw him alive on Mar 29, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Chr. Degenerative  
metabolic year \_\_\_\_\_

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

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? \_\_\_\_\_

147 (Specify type of place) \_\_\_\_\_ (While at work) (Means of injury) \_\_\_\_\_  
23. Signature Edw. L. Giffen (M. D. or other) \_\_\_\_\_  
Address Garden City, Mo

**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

*Ruth Kaufman*

Licensed Embalmer No.

*4001*

P. O. Address

*Garden City*

**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, above space should be left blank.**