No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33766

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3697

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

048
3
8

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 #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept, 30. 1941
(Specify whether

In this community 23 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1713 E. 18th. St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Elbert Willis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 8, 1877
(Month) (Day) (Year)

8. AGE: Years 63 | Months 9 | Days 23 | If less than one day hr. min.

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

10. Usual occupation Pressman

11. Industry or business Kansas City Call

FATHER
12. Name John W. Willis
13. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Williams
15. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Daniel Willis

(b) Address 1019 Paseo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 10/3/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1st.
year 1941 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute cellulitis of the lower abdomen

Due to scrotum & penis

Extravasation of urine

Due to

Suprapubic cystotomy 136a

Other conditions
(Include pregnancy within 3 months of death)

Urethral stricture n. m. O

Major findings:
Of operations

Of autopsy Yes 136a

Duration

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 [signature] (M. D. or other) 3

Address K. C. Mo. Date signed

(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 C. A. West

Licensed Embalmer No. 2710

P. O. Address Kansas City

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, fact should be so stated above.