

FILED FEB 16 1942

Registration District No.

Primary Registration District No. 5276

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural - North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #5 (Randolph)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 15 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Rural - North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Route #5
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK EDWARD WILLS

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 495-03-9948

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife. Nora Wills 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. May 26, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 7 25 hr. min.

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

10. Usual occupation Utility man

11. Industry or business New York Life Building

MOTHER FATHER { 12. Name R. W. Wills
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Alice Kellyoh
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Wills
(b) Address Route 5, North K. C. Mo.

17. (a) Burial (b) Date thereof. 1-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope, K. C. Mo.

18. (a) Signature of funeral director Morton Thune R.I. Home
(b) Address North K. C. Mo.

19. (a) Jan 26 - 42 (b) Ruth N. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1942 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from June 1941
Jan 21, 1942
..... 19..... to..... 19.....
that I last saw him alive on about Jan 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Pulmonary tuberculosis

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

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?

23. Signature Ruth N. Henry (M. D. or other) MD
Address North Kansas City Mo Date signed 1/23/42

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

f
0
0

21
0

13 1/2

1021

MAR 3 1942

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-13-42

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.....

Harold L. Posson

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

working under my personal supervision.

Signed.....

Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

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.