S. No. 2
—9-4-41
5-17-39
1 X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20486

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2375

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: 1521 Central Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: ---- In this community: 25 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

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

(d) Street No.: 1521 Central Avenue (If rural, give location) 8

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

If yes, name country: -----

3. (a) PRINT FULL NAME: Mrs. Leva Louvenia Willett

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mr. William M. Willett

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: September (Month) 3 (Day) 1877 (Year)

8. AGE: Years 64 Months 9 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace: Chariton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: -----

FATHER

12. Name: Lucas

13. Birthplace: Mississippi (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Unknown Courtney

15. Birthplace: Keytesville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Leva Willett

(b) Address: 1521 Central St KCMo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 19, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Keytesville, Missouri

18. (a) Signature of funeral director: O. H. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 6-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th year 1942 hour 2 minute 40 P. M.

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

Duration

Immediate cause of death: Acute Pulmonary Edema

Due to: Hypertensive Myocarditis

Due to: Coronary Sclerosis Severe

Other conditions (Include pregnancy within 3 months of death): 93 D

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? (Specify type of place)

While at work? (e) Means of injury: ____

23. Signature: Russell W. Cox (M. D. or other)

Address: ____ Date signed: ____

361 (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. Hervey Quisenber

Licensed Embalmer No. 4070 (

P. O. Address: 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.