

FILED MAR 5 1943

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

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 801

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  
Kansas City General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital of institution 3 Weeks  
(Specify whether  
 In this community 25 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3935 East 12th Street Terrace  
(If rural, give location)  
 (e) Citizen of foreign country? None (Yes or No)  
If yes, name country. \*\*

3. (a) PRINT FULL NAME Mrs. Mary Rosetta Willoughby

3. (b) If veteran, name war None 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 Walker Willoughby 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 5 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 11 9 hr. min.

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

10. Usual occupation None

11. Industry or business At Home

12. Name John B. Moller

13. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Strange

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

16. (a) Informant Mrs. Harry Miller

(b) Address 3937 East 12th Street Terrace

17. (a) Burial Memorial Park Cemetery (b) Date thereof Feb. 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation In Kansas City, Kansas

18. (a) Signature of funeral director M. M. Crowe  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 2-15-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 th  
 year 1943 hour 8 minute 15 A.M.

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

Immediate cause of death Myocarditis and dilatation of heart;

Due to degenerative Colloid Gaster

Due to 950

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

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?  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy See above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature A. E. Ussher (M. D. or other) M.D.  
 Address 23rd McLeay Date signed 2/14/43

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

MOTHER FATHER

**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

*R. C. Newcomer*

Licensed Embalmer No.

*40430*

P. O. Address

*R. C. Newcomer*

**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.**