

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

FILED MAY 3 1943 149

Registration District No. Primary Registration District No. 1002

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 No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-26-43-5-43
(Specify whether years, months or days) 43 years

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. 509 W. 16
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAGGIE WILLIS

3. (b) If veteran, name war None

3. (c) Social Security No. 499-09-4355
499-09-4313

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1943 hour 11:20 minute a. M.

4. Sex Female 5. Color or race 3 Negro

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

6. (b) Name of husband or wife Samuel B. Willis

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 22 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 26 1943 to April 5 1943, that I last saw her alive on April 5 1943 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>59</u> | <u>1</u> | <u>13</u> |hr.min. |

Immediate cause of death Sepsis

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

Due to Acute adhesive pericarditis of undetermined origin

10. Usual occupation unemployed

Due to 90B

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name Beverly Payne

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

14. Maiden name Elizabeth Fortman

15. Birthplace Pittsburg Virginia
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) removal (b) Date thereof 4/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Munice, Cam. Leavenworth, KS.

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

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

(b) Address 1729 Lydia

19. (a) 4-10-43 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

23. Signature J. L. Brown (M. D. or other)

Address Gen. Hospital 2-608 E. 22 Date signed 4-7-43

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

J. Jerome Munroe

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.