

FILED APR 7 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1336

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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community unknown (Specify whether 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. 6930 Waldron  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Willis Wilmott

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Jan 16, 1875  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Shoshone Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Terminal Dept.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Mc. Wilmott

13. Birthplace Lexington Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Ann Wilmott

15. Birthplace Cass County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie L. Satterfield  
(b) Address 6930 Waldron

17. (a) Burial (b) Date thereof 3-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shoshone Mo.  
18. (a) Signature of funeral director H. T. Squireman  
(b) Address K.C. Mo.

19. (a) 3-23-44 (b) J. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1944 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 16, 1944 to March 22, 1944, that I last saw him alive on March 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease-dissecting aneurism of aorta Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: 30d  
(Include pregnancy within 3 months of death)

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

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
23. Signature A. E. Washburn Med. Dir. \_\_\_\_\_  
Address 22 W. 1st St. (M. D. or other) \_\_\_\_\_  
Date signed 3-23-44

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.....

*Francis Walton*....., Registered Apprentice No. *2744*  
working under my personal supervision.

Signed *J. K. Rainman*.....

Licensed Embalmer No. *2744*

P. O. Address *K-E. 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.**