

FILED AUG 4 1944
 Registration District No. 214

Primary Registration District No. 3052

State File No. _____

Registrar's No. 234

064

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

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 217 S. Kentucky 4
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 10

3. (a) PRINT FULL NAME Kate Adams Willis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, w/dowed, married, divorced, Widowed

6. (b) Name of husband or wife Henry C. Willis 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased: January 17 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>5</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Chatham Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Home

MOTHER FATHER

12. Name Joseph M. Adams

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

14. Maiden name Caroline Barber

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

16. (a) Informant Mrs. Maude Jabas

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof July 12, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

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

(b) Address Sedalia, Missouri

19. (a) 7-10-44 (b) Mrs. Anne Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
 year 1944 hour 10:53 minute _____ M.

21. I hereby certify that I attended the deceased from 6-27 1944 to July 9 1944
 that I last saw h. alive on July 9 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of Brain Duration 48 hrs

Due to Circulatory Failure 72 hrs

Due to Valvular Heart Dis. 24 hrs
P.S. & cerebral hemorrhage 12 days

Other conditions Arteriosclerosis 7
(Include pregnancy within 3 months of death)

Major findings: Of operations None PHYSICIAN _____
 Of autopsy None None
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Frank Long (M. D. or other) M.D.

Address Sedalia, Mo. Date signed 7/10/44

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed Aug 4 1922

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia 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.