V. S. No. 2
00M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33185
State File No.

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4307

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 10 days (Specify whether years, months or days)
In this community Same

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: 99
(c) City or town: Merriam 14
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 5680 Croydale Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Willis Heath
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept. 17 (Month) 1873 (Day) (Year)
8. AGE: Years 71 ~~70~~ Months 0 Days 24 If less than one day hr. min.
9. Birthplace: (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: Geo. W. Heath
13. Birthplace: (City, town, or county) Ill. (State or foreign country)
14. Maiden name: Electra Fellows
15. Birthplace: (City, town, or county) Ill. (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: K. C. General Hospital No. 1
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: Oct 27 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Lawrence, Kan.
18. (a) Signature of funeral director: Geo. M. Collier
(b) Address: Independence, Mo.
19. (a) 10-27-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11 year 1944 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from June 1, 1944, to Oct. 11, 1944, that I last saw him alive on Oct. 11, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	
Due to:	
Due to: 46 hr	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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: A. E. Warner (M. D. or other) M.D.
Address: Med. Dir. Gen'l Hosp. Date signed: 10-12-44

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(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 Geo M. Collier

Licensed Embalmer No. 3839

P. O. Address Indep. 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.