

**FILED MAR 7 1945**

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:  
**1810 Spruce Ave. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **47 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. **1810 Spruce Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Willsey Donmyer**  
(b) If veteran, name war **No**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **21st**,  
year **1945** hour **8** minute **A.** M.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **John L. Donmyer**  
(c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **Sept 24th, 1870**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 27, 1943** to **February 21, 1945**  
that I last saw her alive on **February 19, 1945**  
and that death occurred on the date and hour stated above.  
Immediate cause of death: **Coronary Thrombosis**  
Duration \_\_\_\_\_

8. AGE: Years **70** Months **4** Days **27**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Hypertension**  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Housewife**  
Industry or business **Home**

Major findings: Of operations **None**  
Of autopsy \_\_\_\_\_

11. Name **John Cline**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

14. Mother's name **Sarah Alley**  
15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

(a) Informant **Edward Keller**  
(b) Address **4128 Benton Blvd.**

(a) **Burial** (b) Date thereof **2/24/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cem**

18. (a) Signature of funeral director **Earp Funeral Home**  
(b) Address **4139 East 15th. St.**

19. (a) **2-23-45** (b) **N. C. Brown**  
(Date received local registrar) (Registrar's signature)

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)  
(c) Means of injury \_\_\_\_\_

23. Signature **George D. Lee** (M. D. or other) **M. D.**  
Address **1103 Grand Ave.** Date signed **2/23/45**

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

COPIES TO: 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

*John B. [Signature]*  
.....  
Licensed Embalmer No. *29535*  
P. O. Address *Yemassee City - Md*

**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.**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Jackson } SS.

State File No. 5129-45  
Local Registrar's No. 881

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of March, 1945, before me appears John S. Donmyer, who, upon his oath, states that the original record of <sup>birth</sup> death for Willsey Donmyer died 2-21 born 2-23, 1945, in the State of Missouri, and which was filed at X.C. on 2-23, 1945 should be corrected as follows:

- Item No. 7 should read Sept. 24, 1874  
Instead of Sept. 24, 1870
- Item No. \_\_\_\_\_ should read 70-4-27  
Instead of 74-4-27
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read Verified by birth certificate  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read 85-1481  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant J S Donmyer Relationship.

X 1810 Spruce ave Present Address.

Subscribed and sworn to before me this 14th day of Mar., 1945

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5129

