

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5950**  
Registrar's No. **757**

**FILED MAR 2 1946**

Registration District No. 149

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:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether  
In this community 25 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. 54th & Brookside Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME CAROLINE E. WILLIS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Travers F. Willis  
6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased December 18 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 24  
If less than one day hr. min.

9. Birthplace Columbus Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name David Clark  
13. Birthplace Boston, Mass. Mass.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha  
15. Birthplace Boston Mass.  
(City, town, or county) (State or foreign country)

16. (a) Informant T. F. Willis  
(b) Address Brookside Hotel

17. (a) Removal (b) Date thereof 2/12/1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Col. Ohio

18. (a) Signature of funeral director Geo. N. Long  
(b) Address 703 N. 10th St.

19. (a) 2-13-46 (b) Seraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12  
year 1946 hour 10 minute am  
21. I hereby certify that I attended the deceased from 1944  
1944, to Feb 12, 1946  
that I last saw her alive on Feb 11, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 460a

Major findings: Gastrostomy  
Of operations  
Of autopsy Same as above

Duration  
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 0

23. Signature Dillon G. Williams (M. D.)  
Address 806 P. W. Bldg Date signed 2/13/46

4939  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*Char. H. Rider*

Licensed Embalmer No. 3404

P. O. Address. 713 N. 10th St. Ks

**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.**