

FILED AUG 5 1946

Primary Registration District No. 3012

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos., 21 days  
(Specify whether years, months or days)

In this community 2 mos., 21 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")

(d) Street No. 737 Monroe St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Willis George Jeck

3. (b) If veteran, name war World War I

3. (c) Social Security No. 565-28-9665

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th  
year 1946 hour 10:22 minute P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife Divorced

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

7. Birth date of deceased April 23 1895  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 18, 1946, to July 9th, 1946  
that I last saw him alive on July 9th, 1946  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>2</u>	<u>16</u>	hr. _____ min.

Immediate cause of death: Tuberculosis, pulmonary, chronic far advanced, active

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

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

9. Birthplace St. Charles, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Navy enlisted man

Other conditions: Tuberculous Laryngitis

(Include pregnancy within 3 months of death)

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

11. Industry or business Navy

12. Name Robert Jeck

13. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Wille

15. Birthplace St. Charles Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations 134

Of autopsy No autopsy performed

Underline the cause to which death should be charged statistically.

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 7-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director: Virgil Hope  
Hope Funeral Home

(b) Address \_\_\_\_\_

19. (a) 7/5/46 Excelsior Springs, Missouri  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Ernest M. Tapp (M. D. or other) M. D.  
Address Veterans Administration Hospital  
Excelsior Springs, Missouri Date signed 7-10-46

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

MOTHER FATHER

62

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-3-46

JUN 7 1951

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 Chas - Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.