

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:
Lake Side Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether in this community 30 Yrs years, months or days)

3. (a) PRINT FULL NAME Louis Widder

3. (b) If veteran, name war no

3. (c) Social Security No. NO

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith E. Widder

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 17 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>10</u>	<u>22</u>	hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business

MOTHER FATHER { 12. Name Adam Widder

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

14. Maiden name Elizabeth

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

16. (a) Informant Edith E. Widder

(b) Address 7429 West 54 St Shawnee Kas.

17. (a) Burial (b) Date thereof Jan. 11 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 1-10-47 (b) Steadline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 999

(c) City or town Shawnee
(If outside city or town limits, write "RURAL") 14

(d) Street No. 7429 West 54 St Route No. 1
(If rural, give location) 1

(e) Citizen of foreign country? no (Yes or No) 2

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1947 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from 1-5-47
1-9-47 to 1-9-47, 1947
that I last saw him alive on 1-9-47, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute myocardial infarction

Due to Lobar pneumonia

Due to

Duration
5 min
6 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108

Of autopsy

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?

While at work? E. F. Hayes (Specify type of place) Means of injury 2

23. Signature E. F. Hayes (M. D. or other) NO
Address Marriam Park Date signed 1-10-47

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

McGraw-Hill
1215
920408
Mr. G. L. H.

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 *Constance Mison*
Licensed Embalmer No. *3114*
P. O. Address *914 Brooklyn*

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.