

No. 2  
-12-45  
5-17-39  
I X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9137  
Registrar's No. 1273

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution:  
6319 MORNINGSIDE DRIVE  
(d) Length of stay: 8 YEARS  
In this community 8 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON #8  
(c) City or town KANSAS CITY 3  
(d) Street No. 6319 MORNINGSIDE DRIVE 8  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME MR WILLIAM CRAIG HIMMELWRIGHT  
(b) If veteran, No name war  
(c) Social Security No. 494-12-5431

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 17 TH  
year 1947 hour 10 minute 45 A.M.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
(b) Name of husband or wife MRS. CLARA V. HIMMELWRIGHT  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased JANUARY 27 1871

21. I hereby certify that I attended the deceased from 6-3 1946 to 3-17 1947;  
that I last saw him alive on 3-16 1947;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Carcinoma of Prostate  
Duration ?

8. AGE: Years 76 Months 1 Days 20  
If less than one day hr. min.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) 51 B  
Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace DELPHOS OHIO  
10. Usual occupation RETIRED

11. Industry or business  
12. Name JAMES FRANCIS HIMMELWRIGHT  
13. Birthplace LANCASTER PENNSYLVANIA  
14. Maiden name CHARLOTTE L. THOMPSON  
15. Birthplace ALLEN COUNTY OHIO

16. (a) Informant Grace A. Mitchell  
(b) Address 6319 MorningSide Drive  
17. (a) REMOVAL (b) Date thereof 3-19-47  
(c) Place: burial or cremation DELPHOS, OHIO

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place) 2  
(Means of injury)

18. (a) Signature of funeral director Dr. Newcomers Sons  
(b) Address 1401 BRUSH CREEK BLDG.  
19. (a) 3-19-47 (Date received local registrar)  
Geraldine Holmes (Registrar's signature)

23. Signature L. James Larimore M.D. or other P.O.  
Address 618 Bryant Bldg. Date signed 3-19-47

018  
11-17  
[redacted]

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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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address K C 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.**