

No. 2
4-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21257**
2769
Registrar's No.

FILED JUL 3 1947

Registration District No. **199** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **K.C.**
(c) Name of hospital or institution
1640 Bellview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
63 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1640 Bellview**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Michael Thomas Willard**
(b) If veteran, name war **WW. I**
(c) Social Security No. **496-07-938**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **26**
1947 year hour **5:10** minute **A** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
7. Birth date of deceased: **Feb 25, 1884**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **63** Months **4** Days **1** If less than one day
hr. min.

Immediate cause of death **Coronary Sclerosis**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Deputy Coroner

9. Birthplace **Kansas City, Kans.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Maintenance Man**

Major findings: Of operations _____
Of autopsy **History & Inspection**
PHYSICIAN
Underline the cause to which death should be charged anatomically.

MOTHER FATHER
11. Industry or business
12. Name **Michael John Willard**
13. Birthplace **Chicago, Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Rosiel Cox**
15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Mc Mullin**
(b) Address **3210 Olive**
17. (a) **Burial** (b) Date thereof **6-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

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 **H. T. Tugman & Son**
(b) Address **K.C. MO**
19. (a) **6-28-47** (b) **Alvordine Holmes**
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place and nature of injury)
Signature **A.E. Cooper**
Address **2800 Municipal**

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by.....

Francis Walton, Registered Apprentice No. *4722*
working under my personal supervision.

Signed *J. H. Reagin*
Licensed Embalmer No. *2722*
P. O. Address *R. C. No*

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.