No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27776

Registrar's No. 3685

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

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: 4310 CAMPBELL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4310 CAMPBELL 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINE ~~Willis~~ LE CLAIRE

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 LOUIS LE CLAIRE

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased OCT. (Month) 25 (Day) 1869 (Year)

8. AGE: Years 77 Months 10 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name HENRY WILLIS
13. Birthplace WISCONSIN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant JOHN B. LE CLAIRE
(b) Address 4230 W. 57th ST, MISSION, KAN.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd, K.C., Mo

19. (a) 8-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 27th
year 1947 hour 3 minute 00 A M.

21. I hereby certify that I attended the deceased from 1940
— 19..., to Aug 29 1947
that I last saw her alive on 27 Aug 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pulmonary Edema - Acute Left Ventricular failure	10 yrs
Due to Hypertensive Cardio-Vascular & Arteriosclerotic	10 yrs
Due to Heart Disease	
Other conditions Fracture Hip Rt (Include pregnancy within 3 months of death)	14 mo

Major findings:
Of operations ✓
Of autopsy ✓ 93 d

PHYSICIAN
Underline the cause of 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

23. Signature Mahlon W. Hall (M. D. or other)
Address 315 Alameda Rd K.C. Mo. Date signed 27 Aug 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.