

FILED FEB 17 1948

Registration District No. **949**

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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:
5714 Prospect Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether years, months or days)
In this community **5 weeks**

3. (a) PRINT FULL NAME **MARY IRENE WILLHDITE**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Samuel J. Willhoite** 6. (c) Age of husband or wife if alive **dec'd** years

7. Birth date of deceased **Feb. 26, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	11	3	hr. min.

9. Birthplace **Glenn Easton, West Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife at home**

11. Industry or business _____

12. Name **John W. Ormsby**

13. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Crow**

15. Birthplace **West Va.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. N. Burton**

(b) Address **5714 Prospect, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **2/1/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holden, Missouri**

18. (a) Signature of funeral director **Holden, Missouri**

(b) Address _____

19. (a) **2-7-48** (b) **Gerardine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Johnson** **51**
(c) City or town **Holden** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **South Pine** **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **XXXX**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **29**
year **1948** hour **1:30** minute **A** M.

21. I hereby certify that I attended the deceased from **1946**
19____ to **28 Jan**, 19**48**
that I last saw **her** alive on **Jan 28 1948**
and that death occurred on the date and hour stated above

Immediate cause of death **Ch. myocarditis** **7**
_____ **7**

Due to **sanctity - phthisis** **?**

Due to **ph**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **93 D**
Of operations _____
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? **0**

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Wm R Jackson** (M. D. or other) **MD**
Address **K.C. Mo** Date signed _____

JUN 17 1957

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 Samuel B. Rapp

Licensed Embalmer No. 4044

P. O. Address: Halder 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.