

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

40415
State File No. _____
Registrar's No. 5090

FILED DEC 29 1948
Registration District No. 49

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:
4743 CAMPBELL AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 39 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4743 CAMPBELL AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. GEORGE ALEXANDER WILLARD
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 12TH
year 1948 hour 6 minute 55 P.M.
21. I hereby certify that I attended the deceased from Dec 2
48 to Dec 12 48
that I last saw him alive on Dec 12 1948
and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MINNIE J. WILLARD
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased MARCH 22 1859
(Month) (Day) (Year)

Immediate cause of death: Myocardial infarction
Due to senility
Duration: 10 days
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years 89 Months 8 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED

11. Industry or business CARPENTER

MOTHER FATHER
{ 12. Name JAMES H. WILLARD
{ 13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
{ 14. Maiden name SARAH M. WHALEY
{ 15. Birthplace KNOXVILLE TENNESSEE
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie J. Willard
(b) Address 4743 Campbell Avenue

17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director D.W. Newcomer

(b) Address 1401 Brushy Creek Blvd.
12-14-48 (c) Signature of Registrar (Date received local registrar) (Registrar's signature)

Major findings: Of operations 1 NO
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? _____
(Specify type of place)
While at work? _____ (e) Means of injury: H. C. Tripp
23. Signature: H. C. Tripp (M. D. or other) _____
Address: 1014 Arzyle Date signed: 12/13/48

10/4/00
12-5
11/2004

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 *D.D. Nofsinger*

Licensed Embalmer No. *5958*

P. O. Address *Paris City, 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.