

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30350

Registrar's No. 3645

48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3645

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11th. &amp; Hickory</u>  |  | d. STREET ADDRESS (If rural, give location) <u>1937 Thompson</u>   |  |
| 3. NAME OF DECEASED<br>(Type or Print) Willis   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 18, 1949</u>   |  |
| a. (First) Willis   |  | b. (Middle) James  |  |
| c. (Last) James   |  |  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>  | 8. DATE OF BIRTH <u>2-26-1889</u>  |
| 9. AGE (In years last birthday) <u>60</u>   | IF UNDER 1 YEAR Months   | IF UNDER 24 HRS. Days  | Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lowe &amp; Campbell</u>   | 11. BIRTHPLACE (State or foreign country) <u>Phoenix, Alabama</u>  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                               |
| 13a. FATHER'S NAME <u>William James</u>   | 13b. MOTHER'S MAIDEN NAME <u>Martha Browley</u>  | 14. NAME OF HUSBAND OR WIFE <u>Josephine James</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>   | 16. SOCIAL SECURITY NO. <u>486-07-1889</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josephine James 1937 Thompson</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u><br>ANTECEDENT CAUSES <u>Arteriosclerosis</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <u>Ernest H. Owens</u> (Degree or title)   |  | 23b. ADDRESS <u>1034 Radio Bldg</u>  | 23c. DATE SIGNED <u>8-18-49</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  | 24b. DATE <u>8-24-49</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Quindaro Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> |
| DATE REC'D BY LOCAL REG. <u>8-24-49</u>   | REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thatcher 1520 N. 5th St. Kansas City, Kansas</u>   |  |

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*E. Sterling Bills*

Licensed Embalmer No. 6178

P. O. Address 1212 Vine St., Kansas

**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.