

REC'D AUG 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24905
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Saltriver Primary Registration District No. 3002
(c) City Mexico Mo (d) Street No. Audrain Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William D. Willingham

(a) Residence, No. R.F.D. # Mexico St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella May Willingham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1873

7. AGE YEARS 65 MONTHS 7 DAYS 28 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo.

FATHER 13. NAME Redmon Willingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Betty Coleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Lee Willingham Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo. Elmwood Cemetery, DATE July 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.A. Precht & SON Mexico, Mo.

20. FILED July 13, 1939 Blanche Neely Local Registrar 93

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 6, 1939, to July 12, 1939
I last saw him alive on July 26, 1939 Death is said to have occurred on the date stated above at 5 1/2 m.
The principal cause of death and related causes of importance were as follows:

Appendicitis perforata
Peritonitis Date of onset 7-11-39

Other contributory causes of importance: 121

Name of operation Appendectomy Date of 7-6-39
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) R. W. Williams M. D.

(Address) Mexico Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MISSOURI STATE BOARD OF HEALTH - BUREAU OF VITAL STATISTICS - A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 8-39-1404

Date Filed AUG 8 1938

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,

Earl E. Precht

or by

Registered Apprentice No., working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.