

Registration District No. **689**

Primary Registration District No. **3033**

Registrar's No. _____

1. PLACE OF DEATH: **NOV 9 1939**
(a) County **Pike**
(b) City or town **Louisiana**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Pike**
(c) City or town **Louisiana**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **JESSE PERRY WILLOUGHBY**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **6**
year **1939** hour **9** minute **30 A.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **EDITH WILLOUGHBY** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 6 1878**
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Thrombosis**
Duration _____

8. AGE: Years **61** Months **0** Days **0** If less than one day hr. _____ min. _____

Due to _____
Due to **94%**

9. Birthplace **WAKENDA Mo.**
(City, town, or county) (State or foreign country)

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

10. Usual occupation **TELEGRAPH OPERATOR**

Major findings: _____
Of operations _____

11. Industry or business **RAILROAD**

Of autopsy _____

12. Name **WILLIAM WILLOUGHBY**

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name **MARTHA OLNEY**

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **W. E. Willoughby**

(b) Address **618 Olive St. Hannibal Mo**

17. (a) **Burial** (b) Date thereof **10-8-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burial**

18. (a) Signature of funeral director **W. E. Willoughby**

(b) Address **Louisiana Mo**

19. (a) **Oct 6 1939** (b) **W. E. Willoughby**
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature **Porter Turpin** (M. D. or other) **Coroner**

Address **Pauling Green** Date signed _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 10

District File Number 11-39-1866

Date Filed NOV 5 1939

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.....

George O. Hagner, Registered Apprentice No. 1
working under my personal supervision.

Signed

George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 7

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.