

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

43412
 Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. St. Johns 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 Francis Xavier Wills
 (a) Residence, No. St. Johns Hospital 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6th 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>7</u>	<u>87</u>	<u>6</u>	<u>23</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. R. R. Conductor

10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER

13. NAME William Wills

14. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY) ENGLAND

MOTHER

15. MAIDEN NAME Condle

16. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY)

17. INFORMANT Dr. Wm. J. Wills
 (ADDRESS) Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Keokuk Iowa DATE 12/30/39

19. FUNERAL DIRECTOR (NAME) Herman Lohmeyer
 (ADDRESS) Springfield, Missouri.

20. FILED 12/29 1939 Char A. George Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1939 to Dec 29 1939
 I last saw him alive on Dec 28 1939 Death is said to have occurred on the date stated above, at 10:30 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bright Disease
General Atherosclerosis

Date of onset

Other contributory causes of importance: 131
trauma

Name of operation _____ Date of _____
 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?
 If so, specify _____
 (Signed) Wm. J. Wills M. D.
 (Address) Springfield Mo

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. D. Norman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.

X