

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

Rev. 5-17-39  
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.

JAN 8 1940  
Registration District No. **HT 1151**

Primary Registration District No. **4588**

1. PLACE OF DEATH:

(a) County **Scott**  
(b) City or town **Fornfeld**  
(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 years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Charles Carl Will**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

(b) Name of husband or wife **Elizabeth Blank Will** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb 18, 1855**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>84</b>	<b>9</b>	<b>26</b>	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **John Will**

13. Birthplace **Dont know Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elvira Weber**

15. Birthplace **Dont know Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Jara McLaugh**

(b) Address **Fornfeld Mo**

17. (a) **Burial** (b) Date thereof **Dec 16, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lightner Cem Illmo**

18. (a) Signature of funeral director **Bishophoff Huber**

(b) Address **St. Louis Mo**

19. (a) **Dec 16, 1939** (b) **Paul Bray**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Scott**  
(c) City or town **Fornfeld**  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **14**  
year **1939** hour **4** minute **0** M.

21. I hereby certify that I attended the deceased from **Sept. 22, 1939** to **Dec. 14, 1939**  
that I last saw him alive on **Dec. 10, 1939**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Chronic Myocarditis**

Due to \_\_\_\_\_

Due to **Insanity**

Other conditions (Include pregnancy within 3 months of death) **M & C**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy **M**

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 \_\_\_\_\_

23. Signature **J. J. Darrow** (M. D. or other) \_\_\_\_\_

Address **Illmo. Mo.** Date signed **12-16-39**

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 2,

District File Number 146-482

Date Filed 1-4

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.