

FILED MAR 14 1940

State File No. _____

Registration District No. 534

Primary Registration District No. 5717

Registrar's No. 11

1. PLACE OF DEATH: MACON

(a) County MACON

(b) City or town (Rural) Lingo Sup.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MACON

(c) City or town NEW CAMBRIA
(If outside city or town limits, write "RURAL")

(d) Street No. East of Lingo
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME IDA MAY WILLOUGHBY

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, 11th day
year 1940 hour 12 minute 29 P.M.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles L. Willoughby

6. (c) Age of husband or wife if alive dead years _____

7. Birth date of deceased: May 19, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9, 1940, to Jan 11, 1940.
that I last saw her alive on Jan 11 and that death occurred on the date and hour stated above.

Immediate cause of death: Life expectancy of Coronary Artery

Duration: Today

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>8</u>	<u>22</u>	hr. min.

Due to _____

Due to _____

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

9. Birthplace Dalton, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business Home keeping

12. Name Jesse N. Straw

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

14. Maiden name Ellen Davis

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Grace Forrest

(b) Address Bucklin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem. Bucklin

18. (a) Signature of funeral director Procy Funeral Service

(b) Address Bucklin Mo. 64

19. (a) Mar 5 40 (Date received local registrar)

(b) W. West (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 _____

23. Signature J. B. Rutledge (M. D. or other)

Address Bucklin Mo. Date signed 1-12-40

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

RECEIVED

District Health Officer No. 10

District File Number 3-40-646

Date Filed MAR 13 1940

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 E. A. Larson

Licensed Embalmer No. 403

P. O. Address Bucklin 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.