

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10598

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 18

1. PLACE OF DEATH:  
(a) County CEGAR  
(b) City or town ELDORADO SPRINGS, MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOHN A WILLETT 430  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. none

4. Sex MALE 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary M Willett  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased December 5, 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington County Arkansas  
(City, town, or county) (State or foreign country)  
10. Usual occupation Merchant (Retired)

11. Industry or business \_\_\_\_\_  
12. Name H. H. Willett  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Parthena Quillen  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Glen Willett  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar-9-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ELDORADO SPRINGS, MO

18. (a) Signature of funeral director Swiss-Siders  
(b) Address Eldorado Springs Missouri

19. (a) Mar 8 '40 (b) J. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CEGAR  
(c) City or town ELDORADO SPRINGS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 118 West Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Mar. day 7  
year 1940 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from June 21, 1937 to Mar 7, 1940  
that I last saw him alive on Feb 24, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

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

Other conditions (Include pregnancy within 6 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
15th (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. Dawson (M. D. or other) \_\_\_\_\_  
Address Eldorado Springs Date signed 3/8/40

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

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

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE APR 1 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

*[Handwritten Signature]*

Licensed Embalmer No.

3250

P. O. Address

*[Handwritten 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.