

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SEP 24 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29149

State File No. \_\_\_\_\_

Registration District No. 282

Primary Registration District No. 4344

Registrar's No. 26

1. PLACE OF DEATH:  
 (a) County MONROE  
 (b) City or town PARIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ✓  
 In this community 14 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME ARTHUR WILLIS 420  
 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 DIVORCED  
 6. (b) Name of husband or wife LUTIE WILLIS  
 6. (c) Age of husband or wife if alive 33 years  
 7. Birth date of deceased JUNE 29 1880  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 1 10 ✓ hr. ✓ min.

9. Birthplace MONROE CO. MO.  
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

MOTHER FATHER  
 12. Name EDWARD WILLIS  
 13. Birthplace MONROE CO. MO.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name BELLE JOHNSON  
 15. Birthplace MONROE CO. MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ralph Nolan  
 (b) Address Paris, Mo.

17. (a) BURIAL (b) Date thereof AUG. 9 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation WALNUT GROVE, PARIS

18. (a) Signature of funeral director James H. Blakey  
 (b) Address Paris, Mo.

19. (a) 8/9/40 (b) J. A. Barnett, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County RANDOLPH  
 (c) City or town MOBERLY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 123 S. AULT STREET  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 9<sup>th</sup>  
 year 1940 hour 3:45 minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Aug 26  
1940, to Aug 9, 1940  
 that I last saw him alive on Aug 4, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus, N.K.  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 5A  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

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?  
g/c While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Nature of injury \_\_\_\_\_  
 23. Signature James H. Blakey  
 Address Paris, Mo. Date signed 8/9/40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1728

Date Filed SEP 10 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. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.