

o. 2
10-39
7-39
X21492

Registration District No. **875**

Primary Registration District No. **6162**

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Benton Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
In this community unknown (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME William Hale Willis

3. (b) If veteran, name war unknown 3. (c) Social Security No. none

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

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

7. Birth date of deceased 6 2 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 9 hr. min.

9. Birthplace Benton Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name John Wesley Willis

13. Birthplace Snow Hill Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Maria E. Blanchard

15. Birthplace Madison Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hosp #3 records
(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 12/13/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Colo Camp, Mo.

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.

19. (a) 12-13-40 (b) Allen V. Hayes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Jonia
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1940 / hour 35 minute 17 M.

21. I hereby certify that I attended the deceased from 11-23, 1940, to 12-11, 1940
that I last saw him alive on 12-10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Regeneration
Due to _____

Due to g. s. c.

Other conditions (Include pregnancy within 3 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? Y

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address State Hosp #3 Date signed 12/14/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-111

Date Filed 1-13-41

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 Clayton R. Winecraft

Licensed Embalmer No. 3857

P. O. Address Wvada, Wyo

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.