DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3872

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike Co Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 43 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Bowling Green 1 1 (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

3. (a) PRINT FULL NAME Mattie Motlie Willis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 7

5. Color or race Neg

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Le Roy Willis

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

7. Birth date of deceased July (Month) 28 (Day) 1897 (Year)

8. AGE: Years 43 Months 5 Days If less than one day hr. min.

9. Birthplace Louisville (City, town, or county) Missouri 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ed Rollins
13. Birthplace (City, town, or county) Missouri 1 (State or foreign country)

MOTHER
14. Maiden name Lizzie Turley
15. Birthplace Louisville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant's own signature LeRoy Willis

(b) Address Bowling Green, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-40 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Grace Bonfehead

(b) Address Bowling Green, Mo

19. (a) 1/4 41 (Date received local registrar) (b) F. Haley Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28 year 1940 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from DEC. 22, 1940 to DEC 28, 1940; that I last saw her alive on DEC. 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death LOBAR PNEUMONIA	4 days
Due to CHR. INTERSTITIAL NEPHRITIS HYPERTENSION	
Due to	
Other conditions (Include pregnancy within 3 months of death) 108	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W B Wilcoxen (M. D. or other)

Address Bowling Green, Mo Date signed 12-29-40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 10
District File Number 2-41-216
Date Filed FEB 7 1941

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 Grace Bankhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.