No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17695

Registration District No. 997 Primary Registration District No. 6238 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Dent Gladden Twp.

(b) City or town Near Rector 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)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

(c) City or town Near Rector, Mo. 0
(If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Kenneth Paul Willis

3. (b) If veteran, name war ------

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife ----

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

7. Birth date of deceased May 1, 1941 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	25	hr. min.

9. Birthplace Dent County, Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business -----

FATHER
12. Name Pearl H. Willis
13. Birthplace Shannon County 0 Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wilma C. Jennings
15. Birthplace Shannon County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Willis
(b) Address Rector, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/41 (Month) (Day) (Year)
(c) Place: burial or cremation Rector Cemetery

18. (a) Signature of funeral director Carl K. Spencer
(b) Address Salem, Missouri

19. (a) 5-26-41 (Date received local registrar) (b) Frank Hyde M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1941 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature Birth	
Due to 159	
Due to	
Other conditions (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? 0 U.S.
(Specify type of place)
While at work? (e) Means of injury

23. Signature Frank Hyde (M. D. or other) 0
Address Eunice Date signed 5-26-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 64 11249
Date Filed

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.