No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18451

Registration District No. 567 Primary Registration District No. 5763 Registrar's No. 30

1. PLACE OF DEATH:
(a) County Miss. Co
(b) City or town Anniston Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 St James
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miss 67
(c) City or town Anniston Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? USA. 0 years.

3. (a) PRINT FULL NAME Roberta Parslee Willett
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced ~~Widowed~~
6. (b) Name of husband or wife Lee Willett
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July (Month) 2 (Day) 1858 (Year)

8. AGE: Years 82 Months 10 Days 27 If less than one day hr. min.

9. Birthplace near Murray (City, town, or county) Ky (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name John Dalton
13. Birthplace (City, town, or county) Ky (State or foreign country)
14. Maiden name Elizabeth Hensley
15. Birthplace Murray (City, town, or county) Ky (State or foreign country)
16. (a) Informant Claude Cateman
(b) Address East Prairie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/41 (Month) (Day) (Year)
(c) Place: burial or cremation Anniston Mo
18. (a) Signature of funeral director John F. Nunnelee Jr
(b) Address Charleston Mo
19. (a) June 1 1941 (Date received local registrar) (b) Mrs D M Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th year 1941 hour 1 minute 30 P M.
21. I hereby certify that I attended the deceased from May 20, 1941, to May 29, 1941, that I last saw her alive on May 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar — Duration
Due to
Due to 108
Other conditions Arterio Sclerosis
(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? 877 (Specify type of place)
While at work? (e) Means of injury
23. Signature O F Martin (M. D. or other)
Address East Prairie Mo Date signed June 5 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 641-810
Date Filed 6/12/41

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 John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, M

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

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