

FILLED JUN 20 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19156

Registration District No. 806

Primary Registration District No. 4485

Registrar's No.

1. PLACE OF DEATH:

(a) County Schuyler
 (b) City or town Queencity Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
None /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Willis Scott George3. (b) If veteran, name war. None 3. (c) Social Security No. _____4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased March 9th, 1882
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 2 20 hr. min.9. Birthplace Schuyler Co Mo. ()
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter & Painter11. Industry or business Same12. Name Abraham George
13. Birthplace Lancaster Ohio
(City, town, or county) (State or foreign country)14. Maiden name Wyllie
15. Birthplace Schuyler Mo.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. W. Lehr(b) Address Queen City Mo17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 19
(Month) (Day) (Year)(c) Place: burial or cremation Queencity Cemetary18. (a) Signature of funeral director Wm M. Skelton(b) Address Queencity Mo19. (a) 5/30 1941 (b) W. B. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Schuyler
 (c) City or town Queen City
 (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. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1941 hour 10 minute 20 A. M.21. I hereby certify that I attended the deceased from Dec. 22
_____, 1940, to May 29, 1941;
that I last saw him alive on May 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia 4 days
Also had Bilateral pyelonephritis
 Due to secondary to cystitis due 2 years
to Benign Hypertrophy of prostate
 Due to with partial obstruction of
Urethra

Other conditions Paralysis Agitans 10 years
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy W. W. Lehr
 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?
718 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature W. W. Lehr (M. D. or other) D. O.
Address Queen City, Mo Date signed 5/29/41

RECEIVED

District Health Officer No. 10

District File Number 6-41-1152

JUN 18 1941

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 My

self
working under my personal supervision.

Registered Apprentice No. -----

Signed Wm A West

Licensed Embalmer No. 2882

P. O. Address Queer City 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.