

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21692**

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **484**

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
564 E. Walnut /
(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

3. (a) PRINT FULL NAME **Sue E. Willeke**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female /** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed 2**

6. (b) Name of husband or wife **J. G. Willeke** 6. (c) Age of husband or wife if alive **Deceased** years

7. Birth date of deceased **July 19, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	10	22	hr. _____ min.

9. Birthplace **Calhoun / Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **In Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Johnson**

13. Birthplace **Unknown / Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Singleton**

15. Birthplace **Unknown / Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen W. Todd**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **6/13/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield, Missouri**

19. (a) **6-13-41** (b) **W. S. Handley M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Springfield, 2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **1235 S. Weller**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **11th**
year **1941** hour **9:30** minute _____ P. A. M.

21. I hereby certify that I attended the deceased from **June 11, 1941**, to **June 11, 1941**;
that I last saw her alive on **June 11, 1941**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage or Effusion**

Due to **arteriosclerosis**

Due to **47W**

Other conditions **Previous hemorrhage / 47W**
(Include pregnancy within 3 months of death)
with left hemiplegia

Major findings: _____
Of operations _____

Of autopsy **none**

Duration _____
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? _____

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

23. Signature **W. S. Handley M.D.** (M. D. or other) **0**
Address **Springfield, Mo.** Date signed **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

Wayne Hinkle

Licensed Embalmer No.

3444

P. O. Address

Springfield

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, fact should be so stated above.