

No. 2  
1-4-41  
17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 19 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32273

State File No. \_\_\_\_\_

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 125

**1. PLACE OF DEATH:**

(a) County Phillips

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

(c) Name of hospital or institution:  
The Garland Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community Springthrough  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Francois

(c) City or town Farmington, Missouri  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 094  
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) 1  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Harvey Pomeroy Willoughby

3. (b) If veteran, name war No

3. (c) Social Security No. 491-18-4817

4. Sex M Color or race W

5. Color or race W

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

6. (b) Name of husband or wife L. Willoughby

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased October 9 1869  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>11</u>	<u>10</u>	<u>6</u> hr. <u>min.</u>

9. Birthplace Collinsville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

**MOTHER**

12. Name A. Jefferson Willoughby

13. Birthplace Baltimore Md.  
(City, town, or county) (State or foreign country)

14. Maiden name Margie Harold

15. Birthplace Philadelphia Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Willoughby News

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof Sept. 31, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Richardson Funeral Home

(b) Address Farmington, Mo.

19. (a) 9-19-41 (b) Joe F. Myers  
(Date received local Registrar) (Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 19th, year 1941 6 hour 6 min. M.

21. I hereby certify that I attended the deceased from 9-17 1941 to 9-19 1941  
and that death occurred on the date and hour stated above.

that I last saw him alive on 9-18 1941

Immediate cause of death crushed chest from an automobile accident. On Highway 32 South of Farmington, Mo. Car skidded on wet black top.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

1700-6  
72

**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) Accident

(b) Date of occurrence 9-17-41

(c) Where did injury occur? near Farmington, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
State Highway 32  
(Specify type of place)

23. Signature William McFarland (M. D. or other) M.D.  
Address Rolla, Missouri Date signed 9-19-41

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

OCT 28 1941

OCT 27 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..... *Cha. Richardson* .....

Licensed Embalmer No. *3167* .....

P. O. Address..... *Garrington Md* .....

**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.**