FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 35364

055

1. PLACE OF DEATH
   (a) County Lawrence — Registration District No. 468
   (b) Township Buck Prairie — Primary Registration District No. 5629 — Registered No. 21
   (c) City Aurora, Rt. 1 — (d) Street No. ..... St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Delmer Willard
   (a) Residence, No. Aurora, Rt I St. ☐ (If nonresident, give city or town and State)
   (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 0
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1924

7. AGE — YEARS 17 — MONTHS 3 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Neosho~~ Laurel Neb. ~~Newton Co. Mo~~ Cedar Co. Neb.

FATHER
13. NAME Chas. F. Willard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora, Lawrence Co. Mo. 0

MOTHER
15. MAIDEN NAME Ella Farmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT (ADDRESS) C.H. Willard, Mt Vernon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive, DATE 10/12, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur S. Wallace, Billings, Mo

20. FILED Oct. 11, 1941 Laura O. Connady, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1940, to Aug. 3, 1941
I last saw him alive on 8/14, 1940 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset

95 f

Other contributory causes of importance: Rheumatic Heart Disease — about Spring 1939

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Kenneth Glover M. D.
(Address) Mt. Vernon, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 1141-1702
Date Filed NOV 10 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 ML,

Registered Apprentice No....., working under my personal supervision.

Wallace Funeral Hom

Signed C J Floyd

Licensed Embalmer No. 3527

P. O. Address Billings 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.