

FILED NOV 24 1941

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

335826

Do not use this space.

## 1. PLACE OF DEATH

(a) County PolaskiRegistration District No. 713(b) Township CullumPrimary Registration District No. 5942Registered No. 1(c) City Waynesville(d) Street No. 1

(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

(a) Residence, No. Chas. Marion Willits St. 1

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)single5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

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

Jan 13, 1921

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.2094

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.day worker9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationOct 16, 194112. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Waynesville, Mo

FATHER

13. NAME Chas. Marion Willits14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Waynesville, Mo

MOTHER

15. MAIDEN NAME Anna Lee Kervel16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY) Waynesville, Mo17. INFORMANT (ADDRESS) Chas. Marion Willits  
Waynesville, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waynesville DATE Oct 19, 194119. FUNERAL DIRECTOR (ADDRESS) J. H. Hoops & S. N. S.  
Waynesville, Mo20. FILED 11/11, 1941 C. Crocker  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1941

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carbon monoxide  
poisoning

Other contributory causes of importance:

leaky exhaust in truck  
and doors & windows  
closed & engine running

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10-17, 1941Where did injury occur? near Waynesville, Polaski, Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public placeNature of injury leaky exhaustpoisoning gas24. Was disease or injury in any way related to occupation of deceased? 1

If so, specify

(Signed) C. M. Willits(Address) Waynesville, 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.

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RECEIVED

Pulaski County Health Officer

File Number 1141-55

Date Filed 11-6-41

STATEMENT BY LICENSED EMBALMER

I, Paul B. Hooper, Licensed Embalmer No. 3261

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Paul B. Hooper

Licensed Embalmer No. 3261

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.)