

5. No. 2
-1-4-41
5-17-39
-1 X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39772

State File No. _____

Registration District No. 890

Primary Registration District No. 6188

Registrar's No. 12

1. PLACE OF DEATH:

(a) County WAYNE MO
(b) City or town SILVA
(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 _____
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WAYNE
(c) City or town SILVA (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA ELIZABETH WILLIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Feb. 19 1854 (Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 23 If less than one day hr. min.

9. Birthplace CHAMPAIGN MO (City, town, or county) (State or foreign country)

10. Usual occupation H. WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name THOMAS NIX
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name MARY A BAKER
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant John Casey
(b) Address Silva

17. (a) Buried (b) Date thereof 11-12-1941 (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Boyd's Creff
(b) Address Greenville, Mo

19. (a) Nov-13-1941 (b) Marcel Beasley (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11
year 1941 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from 11-4-41
19____ to 11-11-41 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 wk
Due to 2 Previous attacks

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature Joe F Wagner (M. D. or other) MD
Address Greenville, Mo Date signed 11-11-41

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

1100

DEC 2 1942

DEC 22 1942

DEC 31 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.

Not embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.