

1904

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

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

FILED JAN 30 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5726 B. 5 7 13

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County: Cape Girardeau  
(b) City or town: Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community: 95 yrs 10 mo 10 day  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County: Cape Girardeau  
(c) City or town: Oak Ridge Mo Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: COLUMBUS ALEXANDER WILLS

3. (b) If veteran, name war: Civil 3. (c) Social Security No.: none

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Amanda Grebb 6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Feb 3 - 1846  
(Month) (Day) (Year)

8. AGE: Years: 95 Months: 10 Days: 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: near Oak Ridge Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

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

MOTHER { 12. Name: David Wally  
13. Birthplace: N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name: Michel Smith  
15. Birthplace: N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: T. B. Wally  
(b) Address: Don, Mo

17. (a) Burial (b) Date thereof: Dec 16 - 1941  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge

18. (a) Signature of funeral director: J. M. Miller  
(b) Address: Jackson

19. (a) 12/16/1941 (b) Laura V. Grebb  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 14  
year: 1941 hour: 4 minute: 30 P. M.

21. I hereby certify that I attended the deceased from 9 A.M.  
Mon 11/25, 1941, to \_\_\_\_\_, 1941;  
that I last saw him alive on Mon 8, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Senility

Duration \_\_\_\_\_

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

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

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: R. D. Blaylock (M. D. or other) \_\_\_\_\_

Address: Oak Ridge Mo Date signed: 12-16-41

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

Rev. 5-17-30  
1 X1951

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. 4  
District File Number 142-89  
Date Filed 1-14-42

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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..... *Lynnan Steele* .....  
Licensed Embalmer No. 2476 .....  
P. O. Address..... *Jackson 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.