No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2733

Registration District No. 477480 Primary Registration District No. 4289 Registrar's No. 11

1. PLACE OF DEATH:
(a) County: Lewis
(b) City or town: La Grange Mo.
(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 years, months or days) In this community: two years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lewis
(c) City or town: Ewing
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: James McNally Willows
3. (b) If veteran, name war: ____
3. (c) Social Security No. ____
4. Sex: M
5. Color or race: W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: W
6. (b) Name of husband or wife: Mary Frances Willows
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Dec (Month) 11 (Day) 1852 (Year)

8. AGE: Years	Months	Days	If less than one day
89		29	hr. ____ min.

9. Birthplace: St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: ____
MOTHER FATHER
12. Name: James Willows
13. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name: Eliza Johnson
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Mrs. Clarence Willows
(b) Address: Ewing, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Dover
18. (a) Signature of funeral director: Thomas Ball
(b) Address: Ewing, Mo
19. (a) 1/16/42 (Date received local registrar) (b) P. W. Jennings (Registrar's signature) (MD)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1942 hour 6 minute A. M.
21. I hereby certify that I attended the deceased from January 8, 1942, to Jan 10, 1942, that I last saw him alive on January 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Poisoning — Duration: 3 days
Due to: Prostatic obstruction
Due to: ____
Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: 137a

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: W. B. Dodson (M. D. or other) M.D.
Address: La Grange, Mo. Date signed 1/13/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-42-302
Date Filed FEB 19 1942

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 Thomas B Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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, fact should be so stated above.