

U.S. No. 2  
M-94-11  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6430

State File No. ....

FILED MAR 13 1942 219

Registration District No. 221

Primary Registration District No. 4132

Registrar's No. 5

27  
60

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

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bunceton Mo.  
(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 -----  
(Specify whether years, months or days) Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Bunceton  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? No (Specify No)

If yes, name country Native

3. (a) PRINT FULL NAME Cassie Willoughby Jones

3. (b) If veteran, name war No

3. (c) Social Security No. 495-076074

4. Sex Female

5. Color or race Colored

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife -----

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May 6 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	9	21	hr. min.

9. Birthplace Bunceton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Restaurant

MOTHER FATHER

12. Name George Willoughby

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Underwood

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant W.B. Willoughby

(b) Address Bunceton, Missouri

17. (a) Removal Removal (Burial, cremation, or removal)

(b) Date thereof 2, 27, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Bunceton Colored Cem.

18. (a) Signature of funeral director Joyce E. Richards  
Lipton Mo.

(b) Address -----

19. (a) Feb-28-1942 (Date received local registrar)

(b) Inf. W. R. Robison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26  
year 1942 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from -----  
1940 to Feb 26, 1942  
that I last saw her alive on Feb 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis (?)

Due to Hypertension (?)

Due to -----

Other conditions -----  
(Include pregnancy within 3 months of death)

Major findings: 83a1

Of operations -----

Of autopsy -----

Duration

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 Roscoe (M. D. or other) -----

Address Bunceton, Mo. Date signed 2/28/42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-11-42

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 me

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

Signed James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton 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.