S. No. 2
M—9-4-41
7. 5-17-39
I X29484

97
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22389

Registration District No. 196 Primary Registration District No. 3038 Registrar's No. 101

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 581 West Boyd St. 1
(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 9 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 581 West Boyd St. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Bert Willard

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gladice Bussell

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January (Month) 22 (Day) 1892 (Year)

8. AGE: Years 50 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Maryville (City, town, or county) Tennessee (State or foreign country) 1

10. Usual occupation School Teacher

11. Industry or business " "

FATHER
12. Name Frank Willard
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Benford
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 4

16. (a) Informant Mrs. Gladice Willard
(b) Address 581 W. Boyd-Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Malta Bend, Mo.

18. (a) Signature of funeral director J. Leslie Sussmann
(b) Address Marshall Mo.

19. (a) 6-25-42 (Date received local registrar) (b) Mrs. O. Weatherbee (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month June day 23 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 1939, to June 23, 1942 that I last saw him alive on June 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to unknown 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John R Lawrence (M. D. or other)

Address Marshall, Mo Date signed June 24-42

1218 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7-6-42

JUL 8 1942

JUL 7 1942

JUL 1 DRAG

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 Leslie Surrey

Licensed Embalmer No. 3235

P. O. Address Marshall 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.