

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Oudrain  
(b) City or town Mexico 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)  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Edgar Willard  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color Col 6. (a) Single, widowed, married, divorced Single  
8. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 1st 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callaway County mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Rancher

11. Industry or business Raising Sheep

12. Name Ed Willard

13. Birthplace Callaway Co mo  
(City, town, or county) (State or foreign country)

14. Maiden name Suec Dill

15. Birthplace Callaway Co mo  
(City, town, or county) (State or foreign country)

16. (a) Informant J. G. Cook

(b) Address 156 N. Hazel Blvd. Quincy Mo

17. (a) Buried (b) Date thereof 7/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionburg mo

18. (a) Signature of funeral director T. B. Hall

(b) Address Hullville mo

19. (a) July 12 - 1942 (b) Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oudrain  
(c) City or town Mexico mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 903 E. Rail Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6-10-42  
\_\_\_\_\_ 19\_\_\_\_ to 7-11- 1942

that I last saw him alive on 7-11- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

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

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

Other conditions 46 P  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 M. J. Ector (M. D. \_\_\_\_\_)

Address Mexico, mo Date signed 7-11-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2-376

12914

APR 30 1942

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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, Self

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 1588

P. O. Address Hellaville 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.**