

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23928

State File No.

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 755

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MO. METHO HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 min
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? Yes or No
If yes, name country

3. (a) PRINT FULL NAME Leslie E. Edwards D's Wills

3. (b) If veteran, name war no 3. (c) Social Security No. 1

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

(b) Name of husband or wife Marion Bell Wills 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 25 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Librarian

11. Industry or business

12. Name Leslie E. Edwards Wills

13. Birthplace mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Louise Faller

15. Birthplace mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Minjip Bell Wills

(b) Address Plattsburg mo.

17. (a) Burial (b) Date thereof 09-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg mo.

18. (a) Signature of funeral director O'Brien Lyon

(b) Address Plattsburg mo.

19. (a) 7-31-42 (b) Roe Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1942 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from July 29 1942 to July 29 1942
that I last saw him alive on July 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Prostration
complicated by Sphax
inspiration } 1 day
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 108

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 Plattsburg mo (M. D. or other) 0
Address Plattsburg mo Date signed 7-29-42

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

MOTHER FATHER

#P

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 *Danell W. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg 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.