

FILED SEP 11 1942

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **107**

1. PLACE OF DEATH:
(a) County **NEWTON**
(b) City or town **NEOSHO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **SALE - BOWMAN HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 DAYS**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **OKLAHOMA** (b) County **999**
(c) City or town **JAY** **84**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lloyd Wills**
3. (c) Social Security No. **440-03-8451**
3. (b) If veteran, name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **AUG** day **24**
year **1942** hour **6** minute **0** P.M.

4. Sex **Male** 5. Color of race **White**
6. (a) Single, widowed, married, divorced **3** divorced **Divorced**
6. (b) Name of husband or wife **Mary Wills**
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased **May 5 1900**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **AUG 14**, 19**42** to **AUG 24**, 19**42**
that I last saw him alive on **AUG. 24**, 19**42**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	42	3	19	hr. _____ min. _____

Immediate cause of death
Pulmonary Tuberculosis
Due to _____
Due to _____

9. Birthplace **McDonald Co Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Miner**

Other conditions **Cardiac Decomposition**
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business _____
12. Name **Jimmie Wills**
13. Birthplace **Neosho Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Maudie Price**
15. Birthplace **McDonald Co Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy **BJ**
Underline the cause to which death should be charged statistically.

16. (a) Informants _____
(b) Address _____
17. (a) **Amortal** (b) Date thereof **8-24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **JAY, OKLA.**
18. (a) Signature of funeral director **J. S. ...**
(b) Address **NEOSHO, MO**
19. (a) **8-24-42** (b) **Calley Thompson**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature **M. C. Bowman** (M. D. or other) **Neosho Mo**
Address _____ Date signed **8/24/42**

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

RECEIVED

District Health Officer No. 6,

District File Number 942-1362

Date Filed SEP 10 1942

DEC 4 - 1942
DEC 17 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27771
Registrar's No. 107

Registration District No. 245 Primary Registration District No. 3047

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

1. PLACE OF DEATH: Newton
(a) County.....
(b) City or town.....
(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)

3. (a) PRINT FULL NAME Lloyd Wells
3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

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

7. Birth date of deceased May (Month) 13 (Day) 1942 (Year)

8. AGE: Years 42 Months 3 Days 13 If less than one day 13 min.

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

10. Usual occupation.....

11. Industry of business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant Durrell Montgomery
(b) Address Jay Oklahoma

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 11-16-1942 (Date received local registrar) (b) Lacey Thompson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August Day 13 year 1942 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... 19.....; that I have a witness..... live on..... 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....
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?
While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

MOTHER FATHER

DEC 1 2 1942

DEC 4 - 1942