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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33192

Registration District No. 38 Primary Registration District No. 3006-5-2-0 Registrar's No. 216

1. PLACE OF DEATH:

(a) County BOONE

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

(c) Name of hospital or institution: 110 N. 2ND ST. (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10 2 9

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

(d) Street No. 110 N. 2nd St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME BELLE WILLIS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife John Willis

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

7. Birth date of deceased 2-7-1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Windsor (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Nelson Byse
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant C. T. Anderson

(b) Address Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Mo

18. (a) Signature of funeral director Steve P. Parker

(b) Address Columbia Missouri

19. (a) 10-3-42 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 42 hour 2 minute a M.

21. I hereby certify that I attended the deceased from Sept 7, 1942, to Oct. 2, 1942 that I last saw her alive on 10/1/42, 19.. and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insuff.

Due to

Due to 92 b

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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

23. Signature H R Boffman (M. D. or other) MD

Address 500 Park Ave Date signed 10/3/42

1250

(Licensed Embalmer's Statement on Reverse Side)

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 Stuart P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia

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.