DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Cerebral 15600

State File No.

FILED MAY 6 1943

Registration District No. 17 Primary Registration District No. 6076 Registrar's No. 1010

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

1. PLACE OF DEATH:
(a) County St. L.
(b) City or town Baldwin, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Home 4 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month (Specify whether years, months or days) In this community one month

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Crossy 9
(c) City or town (If outside city or town limits, write "RURAL") 0
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? UNKNOWN (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert V. Wills
3. (b) If veteran, name war UNKNOWN
3. (c) Social Security No. UNKNOWN
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced UNKNOWN
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased Dec. (Month) 17 (Day) 1867 (Year)

8. AGE: Years 76 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Daisy (City, town, or county) Missouri (State or foreign country)
10. Usual occupation UNKNOWN
11. Industry or business UNKNOWN
FATHER
12. Name John F Wills
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Lucy Welker
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Henry Smith
(b) Address Crossy, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.
18. (a) Signature of funeral director W. Ruth
(b) Address 3700 Bertha St
19. (a) 4-29-43 (Date received local registrar) (b) C. D. McFarlin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour 11 minute 42 A.M.
21. I hereby certify that I attended the deceased from March 23, 1943 to April 22, 1943 that I last saw him alive on April 21st 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	

Major findings:
Of operations
Of autopsy Not

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 R. W. Jensen (M. D. or other)
Address Marchand, Mo. Date signed 4/23/43

(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.....

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.