S. No. 2
M—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17573

State File No.

FILED MAY 20 1943

Registration District No. 55

Primary Registration District No. 4080

Registrar's No. 49

17
2
0

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne mo ~~Egypt~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
408 South Pine Street
(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) Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 17 2

(c) City or town Norborne Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 408 - S - Pine St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Asa Bowen Willis

3. (b) If veteran, name war no

3. (c) Social Security No. 487-10-5454

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Aug (Month) 2 (Day) 1908 (Year)

8. AGE: Years 34 Months 8 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Carpenter Work and Labor

11. Industry or business Truck Driver Days Labor

FATHER
12. Name William Willis
13. Birthplace Lafayette County Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Said
15. Birthplace West Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. C. Willis
(b) Address Norborne Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fairhaven Cemetery

18. (a) Signature of funeral director John Deitch
(b) Address Norborne Mo.

19. (a) April 20-43 (Date received local registrar) (b) John Deitch Dep (Registrar's signature)

1053

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 20
year 1943 hour 4 - minute A.M.

21. I hereby certify that I attended the deceased from 1-15 ....., 1943 to 4 - 20 ....., 1943
that I last saw him alive on 4 - 20 - ....., 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension — Duration 1 year

Due to Do not Know

Due to

Other conditions
(Include pregnancy within 3 months of death)

102

Major findings:
Of operations

Of autopsy

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 0

23. Signature B. C. Cole (M. D. ~~or other~~)

Address Norborne Mo Date signed 4-20-43

(Licensed Embalmer's Statement on Reverse Side)

5-15-43

AUG 20 1943

JUL 8 - 1943

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John G Dittch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.