

No. 2
5-4
17-30

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19280

X32873

FILED JUN 8 1943

Registration District No. 526

Primary Registration District No. 6283

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Hurley
(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

2. USUAL RESIDENCE OF DECEASED: 104

(a) State Missouri (b) County Stone

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nancy E. Willis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 28
year 1943 hour 8 minute 00P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Albert C Willis

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

7. Birth date of deceased March 4 1873
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiac failure

Due to Dislocated Hip

Due to _____

8. AGE: Years Months Days If less than one day

69 10 24 hr. min.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. C. Watson

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

14. Maiden name Nancy Haley

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

16. (a) Informant Chas Robb

(b) Address Hurley Mo.

17. (a) Burial (b) Date thereof 2/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director G. F. King

(b) Address Aurora Mo.

19. (a) 6/4/43 (b) Gray
(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) 104

(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)

23. Signature Everett J. Cheatham 3
(M. D. or other) Roover

Address Bakers, Mo. Date signed 1/29/43

1174

JUN 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.....

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

working under my personal supervision.

Signed.....

Herman M. Surridge

Licensed Embalmer No.....

3072

P. O. Address.....

Aurora Ill

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 846

Primary Registration District No. 6283

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Nurley
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Nancy E. Willis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased Mar 4 - 1913
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days _____ (Less than one day) min.

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

10. Usual occupation _____

11. Industry or 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 _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Nurley
(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 Jan day 18
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Dissected Arip. Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Jan 25 - 43

(c) Where did injury occur? Nurley Stone mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home (Specify type of place)

While at work? yes (c) Means of injury fall

23. Signature Lucretia J. Cheatham (M. D. or other)

Address N. Allen mo Date signed 6-14-43

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

SUPPLEMENTARY

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-19280