

FILED MAR 8 1944

State File No.

Registration District No.

Primary Registration District No. 4264

Registrar's No.

53
0
0

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

1. PLACE OF DEATH:

(a) County Racine
(b) City or town Conway Mo
(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:

(a) State Mo (b) County Racine
(c) City or town Conway
(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.

3. (a) PRINT FULL NAME MARY ADDIE WILLGRUBE

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Fredrick Chas Willgrube 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Apr 26 - 1969
(Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Nurse wife

11. Industry or business

MOTHER FATHER { 12. Name Hugh Bonds
13. Birthplace Mo (City, town, or county) (State & foreign country)
14. Maiden name Mary Elizabeth Patman
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas Ferguson
(b) Address Springfield Mo

17. (a) Burial, cremation, or removal Baptist Cem Conway (Month) (Day) (Year)
(c) Place: burial or cremation Conway Mo

18. (a) Signature of funeral director J. W. Hendray
(b) Address Springfield Mo

19. (a) Mar 2 - 44 (b) Irvin Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from 2-20 1944 to 2-22 1944
that I last saw h. alive on 2-22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Fever

Due to 3 20

Other conditions chronic arthritis
(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 J. W. Hendray (M. D. or other M.D.)
Address Conway Mo Date signed 2-22-44

Received
Laclede County Health Unit
File No. 2-44-21
Date Filed 3/7/44

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 *L. Doolen Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.