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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11645

Registration District No. 257 Primary Registration District No. 3048 Registrar's No. 54 5-3

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community all of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville (If outside city or town limits, write "RURAL")
(d) Street No. N. W. Rural (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Jane Willhoyte
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Benjamin A. Willhoyte
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased June (Month) 8 (Day) 1857 (Year)

8. AGE: Years 92 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Near Maryville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Samuel T. Kennedy
FATHER 13. Birthplace Rushville (City, town, or county) Indiana (State or foreign country)
MOTHER 14. Maiden name Lucinda Smith
MOTHER 15. Birthplace Platte Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Ernest Willhoyte
(b) Address Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation King Cemetery
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Maryville Mo.
19. (a) 3-27-44 (Date received local registrar) (b) Lucy Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1944 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from , 19 to , 19 that I last saw h. alive on March 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage - Left Hemiplegia — Duration days
Due to Generalized Arteriosclerosis
Due to Chronic Myocarditis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
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
23. Signature W. R. Jackson (M. D. or other)
Address Maryville, Mo Date signed 3-24-44

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(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.....

Marjorie Luther Campbell, Registered Apprentice No. 360,

working under my personal supervision.

Signed. E. William Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.