

FILED MAY 10 1944

Registration District No. **3010**

Primary Registration District No. **3010**

Registrar's No. **133**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **South East mo hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether
In this community **1 day**
years, months or days)

3. (a) PRINT FULL NAME **WILLIAM H WILIE**

3. (b) If veteran, name war
3. (c) Social Security No. **486-20-6541**

4. Sex **MO** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Etta Laura Willes** 6. (c) Age of husband or wife if alive **61 1/2** years
7. Birth date of deceased **March 24 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 18 hr. min.

9. Birthplace **Cape Girardeau MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Turner**

11. Industry or business

12. Name **Benny Willes**
13. Birthplace **Goddardville MO**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Boltz**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. G. Willes**
(b) Address **St. Louis MO**
17. (a) **Burial** (b) Date thereof **4-15-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Carriage MO**
18. (a) Signature of funeral director **Wilson-Bath-Debaugh**
(b) Address **Jackson MO**
19. (a) **4-17-44** (b) **F. H. Phelps**
(Date received local registrar) (Registrar signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **3 1/2 Miles South of Carriage**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **12**
year **1944** hour **2*** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **Apr 8**
1944 to **Apr 12 1944**
that I last saw him alive on **Apr 12 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **20 min**

Due to **Coronary Disease** **1 yr**

Due to

Other conditions **9/4**
(Include pregnancy within 3 months of death)

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature **T. E. Ruff** (M. D. or other) **MO**
Address **Jackson MO** Date signed **4-16-44**

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

MOTHER FATHER

District Health Officer No. 4
District File Number 544-377
Date Filed 5-8-44

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.