

5. No. 2
M-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18943

State File No. _____

FILED JUN 12 1944
Registration District No. _____

Primary Registration District No. 5991

Registrar's No. 500

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

1. PLACE OF DEATH:

(a) County PuTNAM

(b) City or town RURAL - LIBERTY TOWNSHIP
(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 —

In this community 70 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES ENOS WILLETT

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE 5. Color or race white

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

6. (b) Name of husband or wife JENNY BELLE WILLETT

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov - 10 - 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER

12. Name James Willett

13. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Thompson 9

15. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Willett

(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof 7-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shipley Cemetery

18. (a) Signature of funeral director Unionville, Mo. B. J. W. Comstock

(b) Address Unionville, Mo. B. J. W. Comstock

19. (a) 1944 (b) E. J. Kelley
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County PuTNAM 86

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

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

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

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 24 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 24 1944 to May 24 1944

that I last saw him alive on May 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Coronid - Heart Dis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13/0

Major findings: Of operations _____

Of autopsy _____

Duration 9

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) (or) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Unionville, Mo. Date signed 7-26-44

1099 (Licensed Embalmer's Statement on Reverse Side)

number 100 115

100 115

100

100 115

100

RECEIVED
District Health Officer No. 10

District File Number 6-44-1058

Date Filed JUN 9 1944

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 James W. Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.