

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21442

FILED JUL 10 1944
Registration District No. 30

Primary Registration District No. 5373

Registrar's No.

1. PLACE OF DEATH:

(a) County CRAWFORD
(b) City or town RURAL Knobvain Twp.
(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) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD
(c) City or town RURAL 28
(If outside city or town limits, write "RURAL") 0
(d) Street No. Knobvain TWP. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Theodore Willemson

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 Widowed

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

7. Birth date of deceased September 12th 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name CHRIS Willemson

13. Birthplace UNKNOWN DENMARK
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant JAS. L. Willemson

(b) Address Cuba, Mo.

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

(c) Place: burial or cremation MOUNTS. Cem Cuba, Mo.

18. (a) Signature of funeral director J. G. G. G. G.

(b) Address Cuba, Mo.

19. (a) 11-5-44 J. G. G. G. G.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Found dead April 4, 1944
Month _____ day _____
year _____ hour _____ minute _____ M.

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

Immediate cause of death _____
from natural causes and weak heart
Duration _____

Due to _____

Due to _____

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.

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 3

23. Signature J. J. Jones Brooker
(M. D. or other) _____

Address Belleville Mo. Date signed 4/4-1944

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

28000

50

206

JUL 25 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

John S. Sellow

Licensed Embalmer No.

3643

P. O. Address

Cuba, 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.