. S. No. 2
OM—8-43
v. 5-17-39
o I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

Registration District No. 376

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3060 6075

Bk-6-Pag-44
22358

State File No.

Registrar's No.

400

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington Rural St Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 (Specify whether ~~In this community~~ years, months or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Daisy 94
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Avery A Wills
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 14 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
40	6	25	hr. min.

9. Birthplace Near Daisy (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name D. M. Wills 0
13. Birthplace Arnsburg (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Tishey Limbaugh
15. Birthplace Near Daisy (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant D M Wills
(b) Address Daisy Mo and State Hosp. Records
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem
18. (a) Signature of funeral director A Miller
(b) Address Jackson Mo
19. (a) 5-12-44 (Date received local registrar) (b) Forrest Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 6 day 9, year 1944 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 2, 1944, 19..., to May 9, 1944, 19...; that I last saw him alive on May 9, 1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia not specified. — Duration 7 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No autopsy.

108

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) Place 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 S. D. Langhorne (M. D. or other) 0 nsl
Address 408 W Ellend Date signed 4-12-44
Farmington, Mo.

1373

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 644-397

Date Filed 6-17-44

JUL 18 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 T. E. Graham

Licensed Embalmer No. 4010

P. O. Address Tutwiler Miss

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.