

FILED AUG 28 1944
10

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27104

State File No. _____

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs.
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. Fair Grounds Add.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward R. Willingham

3. (b) If veteran, name war World War I
3. (c) Social Security No. No

4. Sex M 5. Color or Race W
6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased Oct. 23, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 24 hr. min.

9. Birthplace Audrain County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe worker

11. Industry or business International Shoe Co.

MOTHER FATHER { 12. Name Red Willingham
13. Birthplace Roachport, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Coleman
15. Birthplace Roachport, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minerva Drain

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 8/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Clus Arnold

(b) Address Mexico, Mo.

19. (a) 8-17-1944 (b) Margaret H. Mackie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17
year 1944 hour 2 minute 10 P. M.

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

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations _____

Of autopsy _____

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 18

23. Signature E. B. Bunker Coroner (M. D. or other)

Address Mexico, Mo. Date signed 8/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

442
21/44

Josie Maisin Rhoff
109 W 7 St

AUG 23 1944

AUG 29 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: *Clive Arnold*
.....
Licensed Embalmer No. *35690*
P. O. Address *Muskegon*

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.