V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27169

State File No.

Registration District No. 32 Primary Registration District No. 5110 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Grassy Mo Fillmore
(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 (Specify whether
In this community All his life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bollinger 9

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John F Willis.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 18 (Day) 1871 (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day hr. min.

9. Birthplace Grassy (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant A J Baker
(b) Address Lutesville, Mo,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation McGee Chapel

18. (a) Signature of funeral director Baker Funeral Home.
(b) Address Lutesville. Mo,

19. (a) Aug. 24, 1944 (Date received local registrar) (b) Mrs Genevieve Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 12th 1944 to Aug 12th 1944
that I last saw him alive on Aug 12th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver — Duration 4 Mo's

Due to Biliary Calculi

Due to 46 f

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) No

(b) Date of occurrence No

(c) Where did injury occur? No
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature W. D. Temple 0 (M. D. or other)
Address Lutesville Mo Date signed 8/24/44

1063 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 944-4256

Date Filed 9-6-44

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address .....

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.