

FILED DEC 11 1944

State File No. \_\_\_\_\_

Registration District No. 1784

Primary Registration District No. 3035

Registrar's No. 68

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

1. PLACE OF DEATH:

(a) County Peru  
(b) City or town Libermington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 419 Highland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Charles A Willis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lovena Marford 6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 5 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Elktown, Christian Miss (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

12. Name not known  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lovena Willis  
(b) Address Stillwater, Okla.

17. (a) Removal (b) Date thereof 11-18-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stillwater, Okla.

18. (a) Signature of funeral director Furthest Schump  
(b) Address Livington, Miss

19. (a) Nov-18-44 (b) Mrs. Fred Schwab  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999  
(c) City or town Stillwater (If outside city or town limits, write "RURAL") 34  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1944 hour 9 minute 00 M.  
21. I hereby certify that I attended the deceased from Call official capacity as coroner 19 \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration \_\_\_\_\_  
(Left coronary artery)  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy occlusion left coronary artery

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 \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_

23. Signature W. M. Mortimer (M. D. or other) Coroner  
Address Okessa, Miss Date signed 11-18-44

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 12-9-44

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 \_\_\_\_\_

Licensed Embalmer No. 2983

P. O. Address Leungton 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.