S. No. 2
M—5-42
v. 5-17-39
1 X32873

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

JUN 1 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16967

Primary Registration District No. 2000

Registrar's No. 380

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1136 N. Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield,
(If outside city or town limits, write "RURAL")

(d) Street No.: 1136 N. Summit
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Christiana Willby

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Daniel Willby

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

7. Birth date of deceased: May (Month) 31, (Day) 1859 (Year)

8. AGE: Years 85 Months 11 Days 7 If less than one day hr. min.

9. Birthplace: Leeds (City, town, or county) England (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: In Home

FATHER
12. Name: William H. James
13. Birthplace: Unknown (City, town, or county) England (State or foreign country)

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

16. (a) Informant: Miss Christiana Willby
(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri

19. (a) 5-10-45 (Date received local registrar) (b) for W E Hansley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1945 hour 12:35 minute A. M.

21. I hereby certify that I attended the deceased from 4-4, 1944, to 5-7, 1945 that I last saw her alive on 5-7-45, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Senility — Duration 2 yrs

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Mary Jean Atherton, D (M. D. or other)

Address: 318 St. Louis St. Date signed: 5-9-45
Spfd., Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1945

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 Lewis G. Schaff

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.