

FILED OCT 8 1945

Registration District No. **290**

Primary Registration District No. **443D**

Registrar's No. **79**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Crocker**
(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 **31 years** (Specify whether years, months or days)

3. (a) PRINT

FULL NAME **Minnie Samantha Willis**

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Walter Willis**

6. (c) Age of husband or wife if alive **24** years (Day) (Year)

7. Birth date of deceased **August** (Month) **24** (Day) **1887** (Year)

8. AGE: Years **58** Months **29** If less than one day hr. min. **0**

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **I. J. Davis**
13. Birthplace **Not known** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Davis**
15. Birthplace **Not known** (City, town, or county) (State or foreign country)

16. (a) Informant **Chloe Willis Palmer**

(b) Address **Crocker, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-26-45** (Month) (Day) (Year)

(c) Place: burial or cremation **Crocker Cemetery**

18. (a) Signature of funeral director **J. L. Hoops & Sons**

(b) Address **Crocker, Mo.**

19. (a) **9-26-1945** (b) **Chloe M. Voss** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Crocker** (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22** year **1945** hour **2:05** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept. 22, 1945** to **Sept. 22, 1945** that I last saw him alive on **Sept. 22** and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis
Carcinoma of ovary

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?

While at work? (Specify type of place) Means of injury

23. Signature **C. M. Little** (M. D. or other) **M.D.**
Address **Crocker Mo** Date signed **9-26-45**

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

94701 02 NDC

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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Grocker M.

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.