

S. No. 2
DOM-8-43
Rev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. 12431
Registrar's No. 161

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Leaaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 74-6M-22d
(Specify whether
In this community 74-6M-22d
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 421 W. Jefferson St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hattie Willis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Wm. Henry Willis 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 13 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 8 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business ~~Stivers Laundry~~

MOTHER FATHER

12. Name Oliver Perry 0
13. Birthplace Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Wattie Colman
15. Birthplace MO (City, town, or county) (State or foreign country) 0

16. (a) Informant Hospital Records
(b) Address Fulton Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Apr. 24/46
(Month) (Day) (Year)
(c) Place, burial or cremation South Side Cem. Fulton Mo.

18. (a) Signature of funeral director Ed. Bell
(b) Address Fulton, Mo.

19. (a) Apr. 24, 1946 (b) Josie Mansukhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1946 hour 7 minute 25 A.M.
21. I hereby certify that I attended the deceased from April 20 -
1946 to April 21, 1946.
that I last saw her alive on April 21, 1946.
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (terminal) Duration 10 hours
Due to cerebral hemorrhage 2 days
Due to arterio sclerosis 59 days

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:
(c) 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 0
23. Signature Joyh L. J. J. J. (M. D. or other) M.D.
Address Fulton Mo. Date signed 4/21/46

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

14
1
2

11340

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-8-46

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 Eli Bell
Licensed Embalmer No. 2130
P. O. Address Tullahoma, 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.