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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 661

Registration District No. 128

Primary Registration District No. 2000

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: Springfield Baptist Hosp. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Brookline 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

3. (a) PRINT FULL NAME Clara Willhoit

3. (b) If veteran, name war No

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 Rev. G. W. Willhoit

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

7. Birth date of deceased January 31, 1898
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<input checked="" type="checkbox"/> 58	<input type="checkbox"/> 6	<input type="checkbox"/> 9	hr. _____ min. <u>0</u>

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name William Bill Bruer

13. Birthplace UNK. Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Allison

15. Birthplace UNK. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Howard T. Willhoit

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 8-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutie

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 8-17-46 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1946 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Aug 10 1946 to Aug 10 1946
that I last saw him alive on Aug 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis acute

Due to Gangrenous appendicitis

Due to _____

Other conditions 12/11
(Include pregnancy within 3 months of death)

Major findings: 12/11
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature Rose E. Geary (M. D. or other) W

Address Springfield, Mo Date signed 8/17/46

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

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25751

OCT 28 1949

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..... *W. B. Hutchison*

Licensed Embalmer No. *3431*

P. O. Address..... *Over* *MD*

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.

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