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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1946

Registration District No. 263

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4384

State File No. 37842

Registrar's No.

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

36659

1. PLACE OF DEATH:

(a) County: Nodaway

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway 74

(c) City or town: Skidmore, Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME: Isaac Augustus Willis

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male ✓

5. Color or race: White

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

6. (b) Name of husband or wife: Louisa Ellen Willis

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: August (Month) 16, (Day) 1870 (Year)

8. AGE: Years 76 | Months 1 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace: Harrison Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

FATHER
12. Name: Benjamin Willis
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant: James Arthur Willis
(b) Address: Skidmore, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/9/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Skidmore, Mo.

18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville, Missouri

19. (a) 10/9/46 (Date received local registrar) (b) Mrs. Wayne Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1946 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 4-19-43, 19..., to 10-6-46, 1946; that I last saw him alive on 10-5-, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular-Renal — Duration

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) (e) Means of injury .....

23. Signature: J. L. Burton (M. D. or other) D.C.
Address: Skidmore, Mo. Date signed: 10/9/46

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.