

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37921**
Registrar's No. **429**

FILED NOV 25 1946

Registration District No. **274**Primary Registration District No. **3052**

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

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Joseph Franklin Wills**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**
6. (b) Name of husband or wife **Mary Jane Horn** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 26, 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	3	hr. min.

9. Birthplace **Benton County, Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Janitor**
11. Industry or business **Bank building**

MOTHER FATHER { 12. Name **John Wills**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Arthur Wills**
(b) Address **Topeka, Kansas**
17. (a) **burial** (b) Date thereof **Nov. 1, '46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Windsor, Mo.**
18. (a) Signature of funeral director **Beth Yeager**
(b) Address **Windsor, Mo.**
19. (a) **11-16-46** (b) **Beth Yeager**
(Date received local registrar) (Attending physician's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29th**
year **1946** hour **8** minute **30** p. M.21. I hereby certify that I attended the deceased from **10/24/46**, 19____, to **10/29/46**, 19____;
that I last saw him alive on **10/29/46**, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death **venereal poison** Duration _____Due to **prostatic enlargement**
Due to **retention of urine**Other conditions **2 weeks**
(Include pregnancy within 3 months of death)

Major findings: **enlarged prostatic**
Of operations _____
Of autopsy **37A**
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) (e) Means of injury _____

23. Signature **DR. Oyer** (M. D. or other) **MD.**
Address **Sedalia, Mo.** Date signed **11-13-46**

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-23-46

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.....

E. J. Hunter

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.