

FILED MAR 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7565

State File No. _____

Registration District No. 237

Primary Registration District No. 4500

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Leonard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location) None
(d) Length of stay: In hospital or institution. None (Specify whether
In this community Entire life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby
Leonard
(c) City or town Leonard
(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 _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME John Jasper McWilliams
3. (b) If veteran, name war X 3. (c) Social Security No. X

20. DATE OF DEATH: Month February day 8th
year 1947 hour 9 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Ellis R. 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 18th 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 2, 1947 to February 8, 1947
that I last saw him alive on February 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Duration 1 wk

8. AGE: Years 65 Months 6 Days 20
If less than one day hr. _____ min. _____

Due to _____
Due to _____

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

10. Usual occupation Farming

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 94%

Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name James W. McWilliams
13. Birthplace Shelby county Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Eldora Alice Gillaspay
15. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John McWilliams
(b) Address Leonard, Mo.

17. (a) Burial (b) Date thereof 2-11-1947
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Leonard Cemetery

18. (a) Signature of funeral director Million & Barkelew
Shelby, Mo.

(b) Address _____
19. (a) Feb 28-47 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature)

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 2

23. Signature AD Wright (M. D. or other) Do
Address Leonard, Mo. Date signed 2-11-47

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

RECEIVED
District Health Officer No. 10
District File Number 347:442
Date Filed MAR 1 1 1947

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 James W. Davis, Registered Apprentice No. 1143 working under my personal supervision.

Signed C. W. Hawkins
Licensed Embalmer No. 3498
P. O. Address Phillips 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.