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7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI,
STANDARD CERTIFICATE OF DEATH

State File No. **16759**
Registrar's No. **9**

Registration District No. **49**

Primary Registration District No. **5175**

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

1. PLACE OF DEATH:
 (a) County **Camden**
 (b) City or town **Macks Creek Rural**
 (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)
 (d) Length of stay: In hospital or institution _____
 In this community **Since 1909** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Camden**
 (c) City or town **Macks Creek Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R.F. # 3**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Francis Dillon Willey**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **male** **5. Color or race** **wh**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Olive Willey**
6. (c) Age of husband or wife if alive **82+** years
7. Birth date of deceased **7 1860**
 (Month) (Day) (Year)

8. AGE: Years **87** Months **1** Days **3**
 If less than one day _____ hr. _____ min.

9. Birthplace **unknown Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farming**

11. Industry or business _____

12. Name **Geo Willey Willey**

13. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Anna Jane Abbott**

15. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Willey**

(b) Address **Macks Creek, R.F. # 3, Mo.**

17. (a) Burial (b) Date thereof **April 11-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Cem.**

18. (c) Signature of funeral director **Banksau-Woolery**

(b) Address **Camden, Mo.**

19. (a) 4-26-47 (b) **F. J. Nagers, M.D.**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **10**
 year **1947** hour **2** minute **4** M.
21. I hereby certify that I attended the deceased from **March** 1947 to **April 10** 1947
 that I last saw him alive on **April 10** 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral Insufficiency** Duration **46**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations **No operation**

Of autopsy **To Quilpan**

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) (c) Means of injury _____

23. Signature **E. C. Carbill** (D. or other) **Mo.**

Address **Camden, Mo.** Date signed **5-10-47**

RECEIVED

District Health Officer No. 7,

District File Number 5-47-679

Date Filed 6-9-17

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.....

Abbi Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.