

FILED SEP 9 1947

State File No. _____

Registration District No. 178

Primary Registration District No. 4283

Registrar's No. 76

1. PLACE OF DEATH:

(a) County LEWIS

(b) City or town EWING, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community ALL HIS LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LEWIS

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

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

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

3. (a) PRINT FULL NAME Arthur L. Willows

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 BESSIE WILLOWS 6. (c) Age of ~~husband~~ or wife if alive 65 years

7. Birth date of deceased May 9 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace LEWIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name JAMES WILLOWS

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

14. Maiden name EMMA Mc CHEANEY

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

16. (a) Informant BESSIE WILLOWS

(b) Address EWING, MO.

17. (a) Burial (b) Date thereof 8-6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic, Ewing, Mo.

18. (a) Signature of funeral director Thomas Ball
(b) Address EWING, MO.

19. (a) 8/13/47 (b) Q. W. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1947 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 16, 1947, to August 4, 1947, that I last saw him alive on August 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Anemia 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? _____

Where at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Henry Power M. D. or other _____
Address Leurstown Mo Date signed 8/14/47

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 10
District File Number 9-47-1195
Date Filed SEP - 8 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas Ball
Licensed Embalmer No. 1744
P. O. Address Ewing, Missouri

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.