S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1947

Registration District No. 3714

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

State File No. 28582

Primary Registration District No. 5927

Registrar's No. 267

**1. PLACE OF DEATH:**

(a) County Pettis
(b) City or town Green Ridge Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. # 2 / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 57 yrs. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pettis Co
(c) City or town Green Ridge Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Walter Willis
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 Married
6. (b) Name of husband or wife Dallie A Willis
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 27 (Day) 1873 (Year)
8. AGE: Years 74 Months 0 Days 7 If less than one day ..... hr. ..... min.
9. Birthplace Ironton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business R.F.D. Carrier

MOTHER / FATHER
12. Name Leo Willis
13. Birthplace ..... (City, town, or county) Eng. (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Walter Willis
(b) Address Green Ridge Rt 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Ridge
18. (a) Signature of funeral director Geo Willard
(b) Address Sedalia Mo.
19. (a) 8-5-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

(Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 4
year 1947 hour 15 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 10, 1947, to Aug 4, 1947, that I last saw him alive on Aug 3, 1947, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Myocarditis | 1 yr |
| 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature H. A. Hite (M. D. or other) M.D.
Address Green Ridge Mo. Date signed 8-5-47

RECEIVED
District Health Officer No. 8

District File Number _____

Date Filed 9-10-47

JUL 24 1952

## 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 A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Sedalia, 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.**