S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37877

FILED DEC 15 1947

Registration District No. 3

Primary Registration District No. 3022

Registrar's No. 94

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Reid Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: dead when received (Specify whether)
In this community: 25 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 40
(c) City or town: Eagleville, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: — U

3. (a) PRINT FULL NAME: Raymond Lee Willis
3. (b) If veteran, name war: World War II
3. (c) Social Security No. 499-20-2919
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of ~~husband or~~ wife: Marie Willis
6. (c) Age of husband or wife if alive: 24 years
7. Birth date of deceased: July (Month) 16 (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
25	4	7	hr. min.

9. Birthplace: Harrison County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Nathan Willis
13. Birthplace: Harrison County, Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name: Bertha Parkhurst
15. Birthplace: Decatur County, Iowa (City, town, or county) (State or foreign country)
16. (a) Informant: Marie Willis
(b) Address: Eagleville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Eagleville Cemetary
18. (a) Signature of funeral director: Joe E. Wheeler
(b) Address: Bethany, Mo.
19. (a) Nov. 25-47 (Date received local registrar) (b) Zola Burress (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 23
year: 1947 hour: About 4 minute: 30 P.M.
21. I hereby certify that I attended the deceased from ✓ 19..., to ✓ 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gunshot Wound in Head	
Due to: Shot in Head by ~~friend~~ friend	
Due to: While Hunting	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 041
(b) Date of occurrence: Nov 23 1947
(c) Where did injury occur? Harrison County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Farm 5 mi NW Eagleville Mo (Specify type of place)
While at work? no (e) Means of injury: 3
23. Signature: Joe E. Wheeler (M.D. or Coroner)
Address: Bethany Mo Date signed: Nov 24 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

17 (94)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Joe E. Whedu

Licensed Embalmer No. 3512

P. O. Address Bethany 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.