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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44827

Registration District No. 18 — Primary Registration District No. 5677 — DELAYED — Registrar's No. 26

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

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Rural Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community In This Community
years, months or days) 51 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln 57
(c) City or town Rural - Union 8
(If outside city or town limits, write "RURAL")
(d) Street No. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT LEE WILLIS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Willis
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased May 1 1864 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	8	hr. min.

9. Birthplace Lincoln County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Spilvin Willis
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Angeline Dowell
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Emma Willis
(b) Address Troy Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Alexander Cem
18. (a) Signature of funeral director Wayne McCoy
(b) Address Troy Mo
19. (a) 1/21/48 (Date received local registrar) (b) Mrs. L. A. Dwyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1947 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from
1945 to Dec 9 1947
that I last saw him alive on Dec 7 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	15 min.
Due to	
Due to Chronic myocarditis	
Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93

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)
(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 J. G. Hoeger (M. D. or other) M.D.
Address Whiteside Mo. Date signed 12/9-1947

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

RECEIVED
District Health Officer No. 9,
District File Number SEP 9 - 1948
Date Filed

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 Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Jury 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.