No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9709

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years
years, months or days)

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

3. (a) PRINT FULL NAME Edwin C Willeford
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 Anna B Willeford
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept 30 1860 (Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Wm L Willeford
FATHER 13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER 14. Maiden name Almira J Vaughn
MOTHER 15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Lucy McMahan
(b) Address Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation St James Mo
18. (a) Signature of funeral director Dick E Lickliter
(b) Address St James Mo
19. (a) 3-9-48 (Date received local registrar) (b) Nadine L Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28 year 1948 hour minute M.
21. I hereby certify that I attended the deceased from Feb. 25 1948 to Feb 25 1948 that I last saw him alive on Feb 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	3 Day
Due to Myocarditis	10 years
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 William H Brewer M.D. (M. D. or other)
Address St James, Mo Date signed 3/11/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed 3-18-48

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 me, Registered Apprentice No., working under my personal supervision.

Signed Orval E Lickliter

Licensed Embalmer No. 3546

P. O. Address Lt Jenner 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.