

No. 300  
-10-47  
5-17-39  
P 3908

FILED SEP 7 1948

Registration District No. 28

Primary Registration District No. 4164

State File No. \_\_\_\_\_

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Daviess

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

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

(d) Length of stay: In hospital or institution about 30 Years (Specify whether years, months or days)

In this community about 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

(c) City or town Altamont 0  
(If outside city or town limits, write "RURAL")

(d) Street No. --- (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Lena Myrtle Wills

3. (b) If veteran, name war None c 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Stephen H. Wills 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased October 6 1874  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1  
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 8 1945 to July 1 1948  
that I last saw her alive on July 1 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

73	9	25	hr. min.
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Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Due to Cancer of the Ovary

9. Birthplace Appanoose County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name (Unknown) Jennings 9

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

14. Maiden name Unknown

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

Major findings: Of operations 4/12/48

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ira Wills

(b) Address Altamont, Missouri

17. (a) Burial (b) Date thereof 8-3-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Ayr Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Hope Funeral Home

(b) Address Gallatin, Missouri

19. (a) 2nd Sept 1948 (b) Virginia M. Engelhardt  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature John J. Wills (M. D. or other) \_\_\_\_\_  
Address 1000 Cambridge Date signed 9/2/48

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

DISTRICT HEALTH OFFICER  
Cameron, Mo.

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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

*L. O. Nicholson*  
.....  
- Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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.**