No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 139

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 26093

Registrar's No. 82

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Holt
(c) City or town: Oregon
(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:

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0
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3. (a) PRINT FULL NAME: Harry Baldwin Willis
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Josie Pearl Willis
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 26 (Day) 1877 (Year)

8. AGE: Years 71 Months 2 Days 6 If less than one day hr. min.
9. Birthplace: DeKalb County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Aaron Willis
13. Birthplace: Unknown (City, town, or country) (State or foreign country)
14. Maiden name: Sarah Maxwell
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Hazel Ray
(b) Address: 622½ Cook St., Sioux City, Iowa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oregon, Missouri
18. (a) Signature of funeral director: James N. Pettyjohn
(b) Address: Oregon Mo.
19. (a) Sept 4-1948 (Date received by local registrar) (b) J. Carey (Registrar's signature) 122

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 3 year 1948 hour 12? minute 35 A.M.
21. I hereby certify that I attended the deceased from May 1, 1948 to Sept 3, 1948 and that I last saw him alive on Sept 2, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis	Duration: 6 mos
Due to: senility	
Due to:	
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):
(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: John E. Chandler (M. D. or other) M.D.
Address: Oregon Mo. Date signed: 9-3-48

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

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

DISTRICT HEALTH OFFICE
Carrollton, 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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.