FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27458

FILED SEP 14 1948

Registration District No. ____ Primary Registration District No. 6075 Registrar's No. 292

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Six months.
(Specify whether years, months or days)
In this community: ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Commerce RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: Route 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

100 0 0 1

3. (a) PRINT FULL NAME: RUFUS BUCKNER WILLIS
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: March (Month) 1 (Day) 1916 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	6	0	____ hr. ____ min.

9. Birthplace: Fayette, Fayette Co., Alabama 1
(City, town, or county) (State or foreign country)
10. Usual occupation: Common labor
11. Industry or business: ____
FATHER
12. Name: Rufus Braxton Willis 1
13. Birthplace: Fayette, Fayette Co., Alabama
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Dena Welch 1
15. Birthplace: Fayette, Fayette Co., Alabama
(City, town, or county) (State or foreign country)
16. (a) Informant: Records State Hospital No. 4
(b) Address: Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Taylor Cem., Essex, Mo.
18. (a) Signature of funeral director: Albritton Funeral Home
(b) Address: Sikeston, Missouri
19. (a) 9-4-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1 year 1948 hour 3 minute 00 P.M.
21. I hereby certify that I attended the deceased from August 17, 1948, to September 1, 1948; that I last saw him alive on September 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkin's Disease	15 das.
Due to: Unknown	
Due to: ____	
Other conditions (Include pregnancy within 3 months of death): Epileptic Psychosis	
Major findings: Of operations: ____	
Of autopsy: No 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 C. Brennemann M.D. (M.D. or other) 9-2-48
Address: State Hosp #4, Farmington, Mo. Date signed: ____

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

District Health Officer No. 4

Certificate Number 948-1

Date Issued 9-13-

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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Me

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.