

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 274

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

41032

Primary Registration District No. 3052

Registrar's No. 364

1. PLACE OF DEATH:

- (a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 So. Mass.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 years
(Specify whether years, months or days)

3. (a) PRINT
FULL NAMETeddy Willis

3. (b) If veteran,

name war.

3. (c) Social Security No.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Jan 25 1888
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

60 10 15 hr. min.9. Birthplace Raleigh Co. West Virginia
(City, town, or county) (State or foreign country)10. Usual occupation clerk Fnt House Natl R.R.

11. Industry or business

MOTHER FATHER

12. Name G. T. Willis
13. Birthplace Roanoke Va.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Wright
15. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant George Willis
(b) Address 307 E. 4th Sedalia Mo.
17. (a) Burial (b) Date thereof 12-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Green Mo
18. (a) Signature of funeral director Ma Laughlin Bros
(b) Address Sedalia Mo.
19. (a) 12-13-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 315 So. Mass.
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th
year 1948 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 12-10-1948 to 12-10-1948
that I last saw him alive on 12-10-1948
and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary S.
Due to Coronary S.
Due to

- Other conditions 940
(Include pregnancy within 3 months of death)

- Major findings:
Of operations

Of autopsy

Duration

3.5

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 Alfred W. Mounin (M. D. or other) MD
Address 111 W 4th Sedalia Mo Date signed 12-11-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-30-48

JAN 5 1949

JAN 7 1949

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..... *KPM Crary*

Licensed Embalmer No. *3153*

P. O. Address *Edaline 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.