

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9602

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>59</u>			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Charlton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick Moberly</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brunswick</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>WILLS</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>7</u> (Year) <u>1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-20-1874</u>			
9. AGE (In years) <u>74</u> (Month) _____ (Day) _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Brunswick, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>George Wahl</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Klug</u>			14. NAME OF HUSBAND OR WIFE <u>Richard Wills</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE AND NAME <u>Richard Wills</u>			ADDRESS <u>Brunswick, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dysentery of Colon</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> no. of years _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>49%</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Mar 6, 1949</u> to <u>Mar 7, 1949</u> that I last saw the deceased alive on <u>Mar 6, 1949</u> , and that death occurred at <u>4:35 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Larnee C. Cobas M.D.</u> (Degree or title)				23b. ADDRESS <u>Woodland Hospital</u>		23c. DATE SIGNED <u>Mar 8 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elliott Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-9-49</u>		REGISTRAR'S SIGNATURE <u>Paul William Souder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. W. Weisner</u>		ADDRESS <u>Brunswick, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RETURNED FOR COMPLETE INFO ADVISE DIVISION OF HEALTH
C. P. Souder
886
6
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 3-49-50

Date Filed MAR 21 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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

L. J. Weissel

Signed.....

Student Embalmer

Licensed Embalmer No. 823

P. O. Address.....

Brunswick

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.