

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22667

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 779
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2109 Washington 3		d. STREET ADDRESS (If rural, give location) St. Charles Hotel, 301 S. 5th		
3. NAME OF DECEASED (Type or Print) a. (First) Jesse		b. (Middle) Earle		c. (Last) Willet
4. DATE OF DEATH (Month) (Day) (Year) July 11 1949				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 3, 1888	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Months 6 Days 8 IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotypist, Proofreader Newspaper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Edinburg Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Thomas M. Willet		13b. MOTHER'S MAIDEN NAME Emma Caroline Rose		14. NAME OF HUSBAND OR WIFE Prico
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hugh Brady, 2109 Washington Ave.,
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of Lung DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 mo 4 mo 162X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 5-23, 1949, to 7-11, 1949, that I last saw the deceased alive on 7-10, 1949, and that death occurred at 3:15 P.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Wm B Root M.D.		23b. ADDRESS St. Joseph Mo. 510 Carby Bldg		23c. DATE SIGNED 7-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/13/49	24c. NAME OF CEMETERY OR CREMATORY Hannibal Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal Mo.
DATE REC'D BY LOCAL REG. July 13, 1949		REGISTRAR'S SIGNATURE G. L. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. Heath-Bowman, Funeral 319 d 10 St. Joseph Mo. Home

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

JUL 26 1949
Dr. William...
Cortney 1326
2-5355

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.

Student
Student Embalmer

Signed James B. Hawkins
Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St. Omaha, Neb.

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.