

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13693**BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4281** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Canton Canton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 500 Bland.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Emmett	b. (Middle) Walter	c. (Last) Willis	Apr. 3, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 16, 1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Concrete work		11. BIRTHPLACE (State or foreign country) Lewis County, Missouri	
13a. FATHER'S NAME Robt. James Willis		13b. MOTHER'S MAIDEN NAME Mary M. Prisner		14. NAME OF HUSBAND OR WIFE Mamie Courtney	

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. 493-05-7855		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil S. Willis, Canton, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 10 Months.	
		ANTECEDENT CAUSES Morbidity 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.		002X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 **Nov 26, 1949** to **April 3, 1950**, that I last saw the deceased alive on **April 2, 1950**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles J. Dawkins	23b. ADDRESS Canton Mo	23c. DATE SIGNED April 3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Forest Grove	24d. LOCATION (City, town, or county) (State) Canton, Lewis, Missouri
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DATE REC'D BY LOCAL REG. 4-10-50	REGISTRAR'S SIGNATURE P. J. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE Carl P. Buckley	ADDRESS Canton
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1950

RECEIVED APR 27 1950
District Health Officer No. 10
District File Number 4-50-706
Date Filed

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 Carl H. Buckley

Signed _____
Student Embalmer

Licensed Embalmer No. 2615

P. O. Address Canton, 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.