

DEC 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38655
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 3 Primary Registration District No. 1001 Registered No. 1165
(c) City St. Joseph (d) Street No. 624 Prospect St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Scott Willard

(a) Residence, No. 410 1/2 S. 9th St. Joseph, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maude E. Willard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Druggist
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morrill, Kansas

13. NAME George W. Willard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Preston County West Virginia

15. MAIDEN NAME Lucinda Roush,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason County West Virginia

17. INFORMANT Mrs. Maude E. Willard
(ADDRESS) 410 1/2 S. 9th St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer 1302 Faraon St., St. Joseph, Mo.

20. FILED Nov 25 1938 Walter Meierhoffer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Nov 22, 1938

I last saw h. im alive on Nov 21, 1938 Death is said

to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis. Date of onset

Other contributory causes of importance: 99

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....

(Signed) J. F. Owens, M. D.

(Address) Ballinger Bldg.

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,

Wilbur Kelly

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

W. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, 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, above space should be left blank.