

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD JAN 14 1939

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

42362
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 31
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Joseph (d) Street No. 1201 Dewey Ave. St. _____
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Elizabeth Willman
 (a) Residence, No. 1201 Dewey Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.N. Willman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 18, 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>2</u>	<u>23</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Michael Lillis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER 15. MAIDEN NAME Elizabeth Hogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT (ADDRESS) Mrs. Thos. J. Ready 1201 Dewey Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) Mt. Olivet Cem. St. Joseph, Mo. DATE Dec. 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) H.O. Sidenfaden & Son 1802 Union Str. St. Joseph, Mo.

20. FILED 12/12 1938 A. J. Northrup Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 1934 to Dec 11 1938
 I last saw h. or alive on Dec 11 1938 Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Arteriosclerosis
Myocardial Infarction
Chronic Disease
 Date of onset Nov 20 1938

Other contributory causes of importance:
Myocardial Infarction
Chronic Disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinua Was there an autopsy? no

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. H. Allen, M. D.
 (Address) Central Bldg St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E.

No. ***** or by *****, Registered Apprentice No. *****

working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028.

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.)