

RECD SEP 20 1939

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

29362
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
(b) Township Washington Primary Registration District No. 5528 Registered No. 72
(c) City Hickman Mills, Mo. (d) Street No. 93rd & Freemont, Hickman Mills, Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. Willis

(a) Residence, No. Hickman Mills, Mo. (93rd & Freemont)
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lutie Willis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
80 6 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Missouri

FATHER 13. NAME Thomas Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Lucinda Webb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Archie Willis
(ADDRESS) Hickman Mills, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Aug. 12, 1939

19. FUNERAL DIRECTOR (NAME) R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED 9-9-39 George W. Willis Social Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11-39 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him on the date stated above, at 3 p.m. Death is said to have occurred on the date stated above, at 3 p.m. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis with Myocardial Infarction Rupture of the Heart Stenopericardium
Other contributory causes of importance: 95 lb

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? _____
If so, specify _____ (Signed) Quellus Ferr, M. D.
(Address) 3811 Broadway

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.

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

Registered Apprentice No., working under my personal supervision.

Signed..... *Rosee Wheeler*

Licensed Embalmer No. *3738*

P. O. Address *R.C. M.*

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.