

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 79

Primary Registration District No. 44774

Registrar's No. 60

1. PLACE OF DEATH: 2

(a) County Saline

(b) City or town Slater

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 years (Specify whether In this community years, months or days) 476

3. (a) PRINT FULL NAME Mollie Anderson Willis

8. (b) If veteran, name war. no 8. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry Willis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 18th 1867 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Paris, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Jno. Thomas Davis

18. Birthplace Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Susan Noel (State or foreign country)

15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Pauline Wood

(b) Address Slater, Mo.

17. (a) burial (b) Date thereof 12/8/'39 (Month) (Day) (Year)

(c) Place: burial or cremation Hill Brothers

18. (a) Signature of funeral director Slater, Mo.

(b) Address _____

19. (a) 12 8 (b) W. M. T. [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County Saline

(c) City or town Slater (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1939 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 1937 to Dec. 7 1939 that I last saw her alive on Dec. 7 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction 10 years
Tuberculosis of Spine - Slatter

Due to _____ 31

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____ (e) Manner of injury _____

23. Signature W. M. T. Turney (M. D. or other) _____

Address Slater, Mo. Date signed 12/8/39

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11/11/40

STATEMENT BY LICENSED EMBALMER

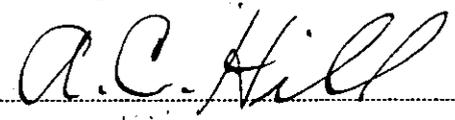
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by.....

Edgar Moore

Registered Apprentice No. 230

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3090

P.O. Address Slater, 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.