

FILED MAR 1-1940

State File No. \_\_\_\_\_

Registration District No. 163

Primary Registration District No. 409A

Registrar's No. 12

1. PLACE OF DEATH:

(a) County CEDAR

(b) City or town Eldorado Springs  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME ARTHUR WILLETT

3. (c) Social Security No. \_\_\_\_\_

8. (b) If veteran, name war \_\_\_\_\_

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept-25-1880  
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bronson Kans.  
(City, town, or county) (State or foreign country)

10. Usual occupation Rural mail carrier (Retired)

11. Industry or business \_\_\_\_\_

12. Name J. A. Willett

13. Birthplace Ark  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hedstrom

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

16. (a) Informant J. A. Willett

(b) Address Eldorado Springs Mo. Broadway

17. (a) Burial (b) Date thereof 2-4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado Springs (cem)

18. (a) Signature of funeral director W. J. Sanders

(b) Address Eldorado Springs Mo.

19. (a) 2-2-1940 (b) J. W. Dawson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEDAR

(c) City or town EL Dorado Springs  
(If outside city or town limits, write "RURAL")

(d) Street No. 118 West Broadway  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1940 hour 2:55 minute 17 M.

21. I hereby certify that I attended the deceased from Jan 17 - 1940 to Feb 2nd 1940 that I last saw him alive on Jan 27 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

15 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. Dawson (M. D. or other) \_\_\_\_\_

Address Eldorado Springs Date signed 7/2/40

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

20  
1  
0

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 3-1-40

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**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 W. B. Sanders

Licensed Embalmer No. 3250

P. O. Address Edwards Springs, 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.