

FILED MAR 14 1940

Registration District No. _____ Primary Registration District No. 4211

1. PLACE OF DEATH: Henry
(a) County Henry
(b) City or town Windsor
(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 35 yrs. (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Jewell Lazetta Willis 470
3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased January 4, 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Windsor, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Willis
13. Birthplace _____ (City, town, or county) (State or foreign country) Texas
14. Maiden name Dora Brooks
15. Birthplace Sadalia Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas Willis
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 3-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Missouri

19. (a) Feb 18 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Windsor, Missouri
(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 February day 17
year 1940 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec 1939 to Feb 17 1940
that I last saw her alive on Feb 16 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration about 1 yr.

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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) (a) Signature _____ (M. D. or other)
Address Windsor, Mo. Date signed 2-18

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.

RECEIVED

District Health Officer No. 7,

District File Number 3-40-430

Date Filed 3-11-40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. W. Hutton

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.