

FILED APR 22 1940
318

Registration District No. _____ Primary Registration District No. **2001**

39
3
6

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

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 Days
(Specify whether years, months or days)
 In this community 22 years

8. (a) PRINT FULL NAME Mrs. Jessie E. Willey
3. (b) If veteran, name war XXXX **8. (c) Social Security No.** none

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married
6. (b) Name of husband or wife Frank H. Willey **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased May 8 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 0 If less than one day 1 hr. 1 min.

9. Birthplace unk Ills
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
MOTHER FATHER
 { **12. Name** Geo. W. Boring
 { **13. Birthplace** Illinois
(City, town, or county) (State or foreign country)
 { **14. Maiden name** Augusta Reynolds
 { **15. Birthplace** Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Frank H. Willey
(b) Address Springfield, Mo.

17. (a) Burial March 10 1940 **(b) Date thereof** March 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3/8/40 **(b)** Char. A. George
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Greene
 (c) City or town Springfield
(If outside city or town limits, write "RURAL")
 (d) Street No. 531 Normal
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8
 year 1940 hour 8 minute a. M.

21. I hereby certify that I attended the deceased from 2/16 1940 to 3/18 1940;
 that I last saw h. a. alive on 2/17 1940;
 and that death occurred on [the date and hour stated above].

Immediate cause of death:
Pagets disease (Ca) of left nipple
operated July 1937
metastases in left neck
and in liver
but no local recurrence
 Other conditions: (Include pregnancy within 3 months of death)

Duration
Since July 1937
12 mo
6 mo
PHYSICIAN
 Underline the cause to which death should be charged statistically.
Pagets (Biopsy)
Ca + meta to liver

Major findings: See metastases - Pagets (Biopsy)
Of operations _____
Of autopsy Ca + meta to liver

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

23. 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? _____

24. While at work? _____ **(e) Means of injury** _____
(Specify type of place)

25. Signature W. S. Gentry **(M. D. or other)** MD
Address Springfield **Date signed** 3/8/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

