

MAILED JUL 17 1940

STANDARD CERTIFICATE OF DEATH

State File No. 21894

Registration District No. 385

Primary Registration District No. 4228

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City or town Willow Springs.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Horton Hotel
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green
(c) City or town Springfield.
(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.

3. (a) PRINT FULL NAME Willis Wash. 200

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-03-1245

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ada Wash 6. (c) Age of husband or wife if alive 3d years 1884

7. Birth date of deceased July (Month) 3d (Day) 1884 (Year)

8. AGE: Years 56 Months 11 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Lamar, Missouri (City, town, or county) (State or foreign country) 6

10. Usual occupation Salesman 7

11. Industry or business _____

12. Name James Wash. 9

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

14. Maiden name Olive Cofflinger

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

16. (a) Informant Jewel Wendle.

(b) Address Springfield, Mo.

17. (a) burial (b) Date thereof 6 26 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ 345
(b) Address _____

19. (a) 6-26-40 (b) Marquette Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1940 hour 5 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6-24-40 1940, to 6-24-1940 1940, that I last saw him im. alive on 6-24-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Regurgitation of Heart

Duration 2 hrs.

Due to _____

Due to Valvular Insufficiency

Other conditions (Include pregnancy within 3 months of death) 94 1/2

Major findings: Of operations _____

Of autopsy No.

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) Means of injury Coronary

23. Signature Mayme Thornburgh. (Mr., Dr., or Other) 5

Address West Plains, Mo. Date signed 6/24

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

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.

RECEIVED

District Health Officer No. 5,

District File Number 740 740

Date Filed 7/1/40

Signed JR Burns

Licensed Embalmer No. 1847

P. O. Address Willow 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.