

Registration District No. 228Primary Registration District No. 3017

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Grundy  
 (b) City or town Trenton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Wright Memorial Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether  
 In this community 2 years  
 years, months or days)

8. (a) PRINT FULL NAME GERALD DEAN WILLIS8. (b) If veteran,  
name war.8. (c) Social Security  
No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married,  
divorced6. (b) Name of husband or wife. 6. (c) Age of husband or wife if  
alive. years7. Birth date of deceased July 19 1932  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
8 2 12 hr. min.9. Birthplace Agra Kansas  
(City, town, or county) (State or foreign country)10. Usual occupation 011. Industry or business 112. Name Dean Willis18. Birthplace Galt Mo  
(City, town, or county) (State or foreign country)14. Maiden name Nellen Richards15. Birthplace Agra Kansas  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Dean Willis(b) Address Paredo, Mo.17. (a) Dean Willis (b) Date thereof Oct 4-1940  
(Burial, cremation, or disposal) (Month) (Day) (Year)(c) Place: burial or cremation Galt Cem18. (a) Signature of funeral director E. P. Robertson(b) Address Paredo, Mo.19. (a) 10-4-40 (b) Irving D. Saw  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Grundy (b) County Mo.  
 (c) City or town Paredo-Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st  
year 1940 hour \_\_\_\_\_ minute 11:30 M.21. I hereby certify that I attended the deceased from Sept. 30th  
\_\_\_\_\_, 1940, to Oct. 1st, 1940;  
that I last saw him alive on Oct. 1st, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Peritonitis Duration 48 hoursDue to Gangrenous Appendicitis 3 daysDue to 1stOther conditions  
(Include pregnancy within 3 months of death)Major findings: Acute Gangrenous  
Of operations Abdominal flk. with pus  
Of autopsy \_\_\_\_\_

## PHYSICIAN

Underlies  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?  
3rd (Specify type of place) \_\_\_\_\_

23. Signature Irving D. Saw (M. D. or other) M.D.  
Address Trenton Mo Date signed Oct. 2nd 1940

---

---

**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. J. Robertson*

Licensed Embalmer No. *2468*

P. O. Address *Farede, md.*

**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.**