

Registration District No. **288**

Primary Registration District No. **4172**

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Russell
(c) Name of hospital or institution Brunell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community Twenty years
years, months or days

3. (a) PRINT FULL NAME

James Louis Willis

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Willis 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 20 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Don't know Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name James Willis 9.
13. Birthplace Don't know Don't know
(City, town, or county) (State or foreign country)
14. Maiden name Don't know Don't know?
15. Birthplace Don't know Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Janie Dean
(b) Address Kennett R-2

17. (a) Burial (b) Date thereof 11-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Cemetery

18. (a) Signature of funeral director W. H. Co.
(b) Address Kennett, Mo.

19. (a) 12-9-40 (b) W. H. Co.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin
(c) City or town Kennett R-2
(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 11 day 25
year 1940 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-22-40
_____ 19____, to 11-25-40, 19____;
that I last saw him alive on 11-25-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 2 days
Duration

Due to falling accident
in which both legs were fractured
complete.
Due to Senility

Other conditions (include pregnancy within 3 months of death)

Major findings: none performed
Of operations _____
Of autopsy none performed
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) Accident auto
(b) Date of occurrence 11-22-40
(c) Where did injury occur? 11-22-40
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway Mo. #84
(Specify type of place)

While at work? _____ (e) Means of injury Automobile

23. Signature S. L. Brunell M.D. (M. D. or other) _____
Address Kennett, Mo Date signed 12-9-40

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

DEC 12 1940

210m
95

RECEIVED

District Health Officer No. 2,

District File Number 1240-182

Date Filed 12/12/40

SEP 28 1957

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38609

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Fennett
(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 _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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 James Louis Willis

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 25 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month 11 day 25 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death uremia

Due to falling accident in which both legs were fractured completely

Other conditions _____ (Include pregnancy within 3 months of death)
Struck by auto on Public Hwy 84
Major findings: _____
Of operations _____
Of autopsy 210 m

Duration _____
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) acc, auto

(b) Date of occurrence 11-22-1940

(c) Where did injury occur? 3 miles east Fennett, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hwy 84

(Specify type of place) While at work? _____ (c) Means of injury Struck by auto

23. Signature J. H. Russell M.D. (M. D. or other)

Address Fennett, Mo. Date signed 1-30-41

SUPPLEMENTARY

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

MOTHER FATHER

