

Registration District No. **1049**

Primary Registration District No. **0782**

Registrar's No. **999**

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

1. PLACE OF DEATH:

(a) County **Callaway**

(b) City or town **Holt Summit**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Holt Summit**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **50 yrs.**
years, months or days

3. (a) PRINT FULL NAME **Johns Henry Willis**

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

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

6. (b) Name of husband or wife **Hattie** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **March 1, 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **1** If less than one day
hr. min.

9. Birthplace **Miller Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **F. Willis**

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

14. Maiden name **Marie White**

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

16. (a) Informant **Hattie Willis**

(b) Address **Holt Summit, Mo.**

17. (a) **Burial** (b) Date thereof **Feb 23-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Hill Cemetery**

18. (a) Signature of funeral director **Busch's Funeral Home**

(b) Address **Jefferson City, Mo.**

19. (a) **2/22/41** (b) **E. Neal Rusk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**

(c) City or town **Holt Summit**
(If outside city or town limits, write "RURAL")

(d) Street No. **Holt Summit**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **21** day **Feb**
year **1941** hour _____ minute **4:10 p.** M.

21. I hereby certify that I attended the deceased from **viewed the body** to **final burial**, 19 **Feb 19**, 19 **41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart Disease** Duration **4 years**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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? **100**
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. Neal Rusk** (M. D. or other) _____

Address **Holt Summit, Mo.** Date signed **Feb 22-41**

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 *Victor Breacher*

Licensed Embalmer No. **3701**

P. O. Address **Jefferson City, 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, fact should be so stated above.