

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13961

State File No. _____
Registrar's No. 440

Registration District No. 85 Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
821 South 15th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Three months & five days
years, months or days)

3. (a) PRINT FULL NAME Charles Edwards Willison

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased: January 14, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 3 5 _____ hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business _____

12. Name Chester Delbert Willison

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

14. Maiden name Margaret Owens

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

16. (a) Informant Chester Delbert Willison

(b) Address 821 South 15th Street

17. (a) Removal (b) Date thereof Apr 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oskaloosa, Iowa

18. (a) Signature of funeral director Mrs. E. P. Sidonakowski, Home

(b) Address 602 South 10th Street

19. (a) 4-19-1941 (b) M. J. Westphal
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 821 South 15th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from an
April 19, 1941 to _____, 19____
that I last saw h_____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 6 months of death)

Duration

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy no

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

23. Signature H. F. Mundy (M. D. or other) Coroner
Address 404 So. 3rd St Date signed 4/19/41

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

MOTHER FATHER

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, & by.....

Mollie E. Sidenfaden

Registered Apprentice No. 145

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3876

P. O. Address.....

St. Joseph 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.