

Registration District No. 128

Primary Registration District No. 5176B

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Daisy, Missouri
(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 _____ (Specify whether)
In this community all of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Daisy, Rural
(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 A. WILLS
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male 5. Color of 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 April 5- 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 - 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John F. Wills

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

14. Maiden name Mary Weston

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

16. (a) Informant Richard J. Crook

(b) Address Daisy, Mo

17. (a) Burial (b) Date thereof April 20-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director W. Miller

(b) Address Jackson, Mo 23

19. (a) Apr-20-1946 Laura V. Guffe
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

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

Immediate cause of death _____
Duration _____

Due to Natural Causes Unknown

Due to to me.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)
(b) Means of injury _____

23. Signature N. Burton Shad Crowder
(M.D. or other)

Address Jackson, Missouri Date signed April 19/46

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.

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.