

No. 2
1-4-41
-17-39
X26390

FILED FEB 27 1942

Registration District No. 7-3

Primary Registration District No. 3006

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution 9 Burnham St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 9 Burnham St
(If usual, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME EMMA PRICE WILLIS

3. (b) If veteran, name war None

3. (c) Social Security No. None

5. Color or race Female White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife L. H. Willis

6. (c) Age of husband or wife if alive deceased years 1858 (Day) (Year)

7. Birth date of deceased Sept 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>4</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Robert Beverly Price

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

14. Maiden name Emma Bennett

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

16. (a) Informant Miss Irene Willis

(b) Address Columbia Mo

17. (a) Burial (b) Date thereof Jan 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director Tarkenton

(b) Address Columbia Mo

19. (a) 1/26/42 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1942 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to Jan 25 1942 that I last saw her alive on Jan 24 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Arterio Sclerosis
Aortic Atherosclerosis

Due to Advanced Age & Senile

Due to Changes

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

Major findings: Of operations 92a

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Frank G. Woods (M.D. or other) _____

Address Madison Jan 11 Date signed 1/26/42

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

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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 *Tom McHarg*.....

Licensed Embalmer No. *4867*.....

P. O. Address *Columbia 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.