DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24196

State File No.

Registration District No. 237 Primary Registration District No. 4144 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Dade Co. Center Twsp.

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

(c) Name of hospital or institution: Cowan's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community Her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Greenfield. Mo.
(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.? O years.

3. (a) PRINT FULL NAME Julia Ann Willitt.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife hus. J. P. Willett

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May (Month) 1 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	11	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Crisp
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Millender O'Connor
15. Birthplace (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant's own signature M. B. Willett
(b) Address Crisp Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/42 (Month) (Day) (Year)
(c) Place: burial or cremation Crisp Cem.

18. (a) Signature of funeral director J. W. Ward
(b) Address Greenfield. Mo.

19. (a) July 30 42 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1942 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 1 42, 19__, to July 11, 1942
that I last saw her alive on July 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 46 f

Major findings:
Of operations

Of autopsy

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

23. Signature N. O. Cowan (M. D. or other)
Address Greenfield Mo Date signed 7-29-42

1082

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 6,
District File Number 842-1083
Date Filed AUG 11 1942

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 J. W. Ward
Licensed Embalmer No. 2832
P. O. Address Greenfield M

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, above space should be left blank.