

S. No. 2  
 4-9-4-41  
 7. 5-17-39  
 P. 1 X29484

34055

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 12 1942

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 451

49  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County Adair  
 (b) City or town Adair  
 (c) Name of hospital or institution St. Johns  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
 In this community 6 days  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Okl (b) County Ottawa  
 (c) City or town Picher  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 506 N Netta  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 2

3. (a) PRINT FULL NAME Joan W. Willis  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 20  
 year 1942 hour 4 minute 0 P., M.  
 21. I hereby certify that I attended the deceased from 10.13  
 1941 to 10.20, 1941  
 that I last saw her alive on 10.20, 1941  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Baby  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased JUNE 23 1942  
 (Month) (Day) (Year)

Immediate cause of death Pulm tuberculosis  
 Due to The of Tuberculosis bacterial bypt notes  
 Due to The of left corner  
 Other conditions (include pregnancy within 5 months of death)  
 Major findings: Of operations 138  
 Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
4 27 hr. min.

9. Birthplace Picher Okla  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Baby  
 11. Industry or business L

MOTHER FATHER  
 12. Name Loranzie Willis  
 13. Birthplace Okla  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Watson  
 15. Birthplace Fall Okla  
 (City, town, or county) (State or foreign country)

16. (a) Informant Loranzie Willis  
 (b) Address Picher Okla  
 17. (a) Removal (b) Date thereof 10-20-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Johns Okla  
 18. (a) Signature of funeral director John B. Duval  
 (b) Address Picher Okla  
 19. (a) 10-23-42 (b) Detwold Sudholter  
 (Date received local registrar) (Registrar's signature)

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 Joan W. Willis (M. D. or other) \_\_\_\_\_  
 Address Adair Mo Date signed 10-20-42

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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 Raymond E. Clark  
Licensed Embalmer No. 726 Okla  
P. O. Address Richer Okla

**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.**