

FILED DEC 1 0 1942  
Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 99

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

1. PLACE OF DEATH:  
(a) County Macon  
(b) City or town Macon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Macon  
(c) City or town Macon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME M. M. Willingham  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 18  
year 1942 hour 12 minute 00 M.

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced M  
(b) Name of husband or wife Lulu Willingham 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Feb 1866  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4, 1941, to Nov 18, 1942  
that I last saw him alive on Nov 17, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Cerebral hemorrhage Duration 12 hrs.  
Due to Hypertension & arteriosclerosis several years.

9. Birthplace: Georgia  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 830

10. Usual occupation: Minister

Major findings: 830  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name: Gilbert Willingham  
13. Birthplace: Georgia  
(City, town, or county) (State or foreign country)  
14. Maiden name: Donkey  
15. Birthplace: Georgia  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Lulu Willingham  
(b) Address: Macon Mo

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? \_\_\_\_\_

17. (a) burial (b) Date thereof: Nov 24 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Woodlawn cem

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

18. (a) Signature of funeral director: Albert Skumert  
(b) Address: Macon Mo

23. Signature: E. S. Horsing (M. D. or other) Mo  
Address: 102 Bourke Macon Mo Date signed: 12-4-42

19. (a) 12/6/42 (b) Ipra B. Dunkler  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 12-42-4013

Date Filed Dec 8, 1942

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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..... Albert S. Kinnard .....

Licensed Embalmer No. 75-1 .....

P. O. Address..... Macon 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.