

FILED MAR 8 1943

Registration District No. 27

Primary Registration District No. 39-18 5950

Registrar's No. 4

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

82  
022

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: Northwood Camp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 28 years 7 mo. 9 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

(c) City or town Middleton (Rur.)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Issac Jacob Willis

3. (b) If veteran, name war ✓

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1943 hour 7 minute AM

21. I hereby certify that I attended the deceased from Feb 2 1943 to Feb 10 1943 that I last saw him alive on Feb 10 1943 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.

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

6. (b) Name of husband or wife Mrs. Susan Evans

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

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

Immediate cause of death: Pulmonary Collapse

Due to Tension secretion plugging up bronchial tree

Due to \_\_\_\_\_

Other conditions Lung abscess  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>7</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace (11) Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Thomas Willis

13. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

14. Maiden name John Davis

15. Birthplace Not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nettie Vada Smith

(b) Address Middleton Mo

17. (a) Buried (b) Date thereof Feb 13 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloan

18. (a) Signature of funeral director J.W. Koppe

(b) Address Middleton Mo

19. (a) Feb-13/43 (b) Mrs Frank Gady  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature H.R. Tuttle (M.D. or other) DO

Address Middleton Mo Date signed Feb 11

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 3-43-409

Date Filed MAR 5 1943

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

*C. E. Lane*

Licensed Embalmer No.

3059

P. O. Address

Wellsville

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.