

NOV 19 1943
Registration District No. 3072

Primary Registration District No. 3072

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution:
583 West Boyd
(If not in hospital or institution, write street number or location)

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

In this community 21 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall
(If outside city or town limits, write "RURAL") 2

(d) Street No. 583 West Boyd
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Willard

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth A. Benford

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased February 7 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 8 21 _____ hr. _____ min.

9. Birthplace Maryville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name B. F. Willard

13. Birthplace Maryville Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Goddard

15. Birthplace Maryville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Willard

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Oct. 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend, Mo.

18. (a) Signature of funeral director J. Leslie Sussney

(b) Address Marshall, Mo.

19. (a) Oct 26 43 (b) Mrs T.O. Weathercock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24
year 1943 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-3 1943 to 10-24 1943
that I last saw him alive on 10-23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 24 days
Duration

Due to arteriosclerosis Several years

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3a1

Major findings: Of operations _____

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? _____

23. Signature B.H. Sullivan (M. D. or other) _____
Address Miami, Mo. Date signed 10/27/43
While at work? _____ (Specify type of place) (e) Means of injury _____

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-10-63

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. Leslie Sumner

Licensed Embalmer No.

3235

P. O. Address

Marshall, 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.