

1. PLACE OF DEATH

(a) County Christian
(b) City or town Keltner - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Bremen Turn
(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 CHRISTIAN
(c) City or town KELTNER, RURAL 0
(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? _____ Years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 3
year 1943 hour 3 AM to 6 AM minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Probably Valvular Heart Block

Duration

Due to _____
Due to 92d
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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)
(a) Means of injury _____
23. Signature Mrs Logan J. A. Acting Coroner (M. P. or other)
Address Ozark Mo. Date signed 12/7-43

3. (a) PRINT FULL NAME GEORGE W. WILLIS
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 WIDOWED

6. (b) Name of husband or wife WIFE 6. (c) Age of husband or wife if _____

7. Birth date of deceased Sept 9, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Hester Willis

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

16. (a) Informant Melvin Appligate

(b) Address Keltner Mo

17. (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harville Cemetery

18. (a) Signature of funeral director Sparta Funeral Home

(b) Address Sparta Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

200

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Clark 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.