

FILED JAN 10 1944
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. John's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days)

In this community **2 days**

2. USUAL RESIDENCE OF DECEASED: **Howell 46**

(a) State **Missouri** (b) County **Shannon**

(c) City or town **Mountain View**
(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 **John William Willbanks**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. Lena Willbanks**

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

7. Birth date of deceased **August 28, 1882**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	3	19	hr. _____ min. _____

9. Birthplace **West Plains, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **On Farm**

MOTHER FATHER

12. Name **Haman L. L. Willbanks**

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

14. Maiden name **Elmira Reynolds**

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

16. (a) Informant **Mrs. Lena Willbanks**

(b) Address **Mountain View, Missouri**

17. (a) **Burial** (b) Date thereof **Dec. 19, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mountain View, Missouri**

18. (a) Signature of funeral director **Duncan Funeral Home**

(b) Address **Mountain View, Missouri**

19. (a) **12-18-43** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17th**, year **1943** hour **6:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **12-10** to **12-17**, 19**43**, and that death occurred on the date and hour stated above.

that I last saw him alive on **12-16**, 19**43**.

Immediate cause of death **Arterio Sclerotic Heart disease**

Due to _____

Due to **93d**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **no operation**

Of autopsy **no 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other)

Address **Springfield mo** Date signed **12-18-43**

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JAN 12 1944

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.....

Lewis J. Scharpf

Licensed Embalmer No. *3802*

P. O. Address. *Springfield, 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.

X