. S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43420

Registration District No. 280 — Primary Registration District No. 4421 — Registrar's No. 50

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: 1 at home. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 70 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte 83

(c) City or town Parkville (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country Dec 25 1:20 AM. 0

3. (a) PRINT FULL NAME Reuben Wills

3. (b) If veteran, name war No

3. (c) Social Security No. no.

4. Sex Male. 5. Color or Black. 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased Oct 4 1873 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Smithville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Railway Section work

11. Industry or business Railroad

FATHER
12. Name Jack Wills
13. Birthplace dont know (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Eliza Martin
15. Birthplace Smithville (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mrs. Liston Banks

(b) Address Parkville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Parkville Mo

18. (a) Signature of funeral director Leland H Francis

(b) Address Parkville Mo.

19. (a) 12-27-43 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1943 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov 10 1942, 19..., to Dec 24, 1943; that I last saw him alive on Dec 24, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	12 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. F. Caribalt (M. D. or other) D.O.

Address Parkville Mo Date signed Dec 26 1943

1 209 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 1-44-8

Date Filed 1-3-44

JAN 3 1 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 me -

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leland H Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.