

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4008

State File No.

FILED FEB 11 1947

Registration District No. 4430

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Crocker, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pulaski
 (c) City or town Crocker
(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 James Walter Willis
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 5th
 year 1944 hour 3 minute P M.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Minnie Samantha Willis (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased October 16 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 18, 1943, to Feb. 5, 1944
 that I last saw him alive on Feb. 3, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Myxoma Polypus Duration 3 Mo.
 Due to Arterial Sclerosis

9. Birthplace Miller Co., Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Jeweler & Optometrist

Due to _____
 Other conditions 948
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name John Henry Willis
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Rachel Harris
 15. Birthplace _____
(City, town, or county) (State or foreign country)
 Mrs. Willis

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations _____
 Of autopsy not made

16. (a) Informant _____ (b) Address Crocker, Mo.
 17. (a) Burial (b) Date thereof Feb. 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crocker Cemetery

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? _____

18. (a) Signature of funeral director J. L. Hoops & Sons
 (b) Address Crocker, Mo.
 19. (a) Feb 9 1944 (b) Chas M Ows
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (Type of injury)
 23. Signature C. M. Willis (M. D. or other) _____
 Address Crocker, Mo. Date signed 2-8-44

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

95
0
0

MOTHER FATHER

JUN 18 1946

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

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address *Crocker, Md*

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.