

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 1 1944

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 2193

1. PLACE OF DEATH
 (a) County Grundy
 (b) City or town Trenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 909 East 12th St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15-11-23 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Grundy
 (c) City or town Trenton (If outside city or town limits, write "RURAL")
 (d) Street No. 909 East 12th (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Nola Edith Wills
 3. (b) If veteran, name war --- 3. (c) Social Security No. ---

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 9 year 1944 hour 10 minute 15 A.M.
 21. I hereby certify that I attended the deceased from Feb. 7th 1944 to Feb. 9th 1944 that I last saw her alive on Feb. 8th 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased Feb 16 1928 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
 Duration 1 year
 Due to Do not know

8. AGE: Years 15 Months 11 Days 23 If less than one day hr. min.

Due to Do not know
 Other conditions (Include pregnancy, within 3 months of death)
 Major findings: Of operations 93d
 Of autopsy ---

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

10. Usual occupation Student

11. Industry or business Dress

12. Name Louis H. Wills

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

14. Maiden name Louella Jane Mc Namara

15. Birthplace Clinton Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Louella Wills

(b) Address Trenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 11 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Wills Church Cem

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

(b) Address Spickard Mo

19. (a) Feb-14-44 (Date received local registrar) (b) L.S. Roberts (Registrar's signature)

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 Chas. F. Duff (M.D. or other) m.p
 Address Trenton Mo Date filled Feb 10 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10
1
2

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..... *Ross Wise*

Licensed Embalmer No. *3771*

P. O. Address. *Spinkard 770*

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.