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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. 6

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10672

Primary Registration District No. 4113

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Brunswick
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 21

(a) State Missouri (b) County Chariton

(c) City or town Brunswick, Mo. 9
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN ALLIN WILLIS.

3. (b) If veteran, name war Spanish- American

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Willis

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August (Month) 17th. (Day) 1866. (Year)

8. AGE: Years 77 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Cottonwood, Mercer Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroader

11. Industry or business Trackman

FATHER
12. Name Jacob Willis
13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary A. Vanderpool
15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Willis

(b) Address Brunswick, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Mo.

18. (a) Signature of funeral director L Meesel

(b) Address Brunswick, Mo.

19. (a) 3-18-1944 (Date received local registrar) (b) A L Fresz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th. year 1944 hour 10 minute p. M.

21. I hereby certify that I attended the deceased from Feb. 10, 1944 to 19..; that I last saw him alive on March 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	4 wks.
Due to Influenza	
Due to Cerebral sclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 Harry E Tatum (E) (M. D. or other)

Address Brunswick Mo Date signed 3/22/44

1027

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-5-44

APR 12 1944

OCT 24 1950

MAY 25 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 L M Cerisi

Licensed Embalmer No. 823

P. O. Address Brunswick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.