

FILED APR 14 1944
Registration District No. 2

Primary Registration District No. 6265

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

1. PLACE OF DEATH:

(a) County Webster Co.

(b) City or town Grant

(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. x _____ (Specify whether years, months or days)

In this community life _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. x _____

3. (a) PRINT FULL NAME Robert B. Willis

3. (b) If veteran, name war x

3. (c) Social Security No. x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
year 1944 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Feb - 1944 to Feb 7 1944
that I last saw h. alive on _____, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased February - 17 - 1864
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to Chronic Hemorrhage

Due to _____

Other conditions 83a
(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 11 Days 20 If less than one day x hr. x min.

9. Birthplace Webster County, Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations 83a

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer--(retired)

11. Industry or business Farm

12. Name George Willis

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Melissa Gilbreath

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

16. (a) Informant Ike Willis

(b) Address Northview

17. (a) Burial (b) Date thereof 2-8-44
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Welch Cemetery

18. (a) Signature of funeral director Roy Rainey

(b) Address Marshfield, Missouri

19. (a) March 30, 44 (b) Charlotte Bruce
(Date received local registrar) (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 W. F. Schmitt (M. D. or other)
Address Northview Date signed 3/29/44

1344

RECEIVED

District Health Officer No. 6,

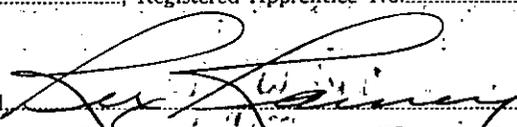
District File Number 444-456

Date Filed APR 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,  _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.