

V. S. No. 2
OM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21837

State File No.

FILED JUN 22, 1944

Primary Registration District No. 3030

Registrar's No. 103

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Festus
(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 4 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ben Willis, Jr

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S U

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

7. Birth date of deceased Aug. 28 - 1921
(Month) (Day) (Year)

8. AGE: Years 22 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Willis

{ 13. Birthplace New Madrid Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lizzie Willis

{ 15. Birthplace New Madrid Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Willis

(b) Address New Madrid Mo.

17. (a) Burial (b) Date thereof 3-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Madrid, Mo

18. (a) Signature of funeral director Richards Und. Co.

(b) Address New Madrid Mo.

19. (a) 3-10-1944 (b) Mr. L. J. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid 72
(If outside city or town limits, write "RURAL") 4
0

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8th
year 1944 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 6
19 44, to March 8 19 44;
that I last saw him alive on March 8 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis years _____

Due to _____

Due to _____

Other conditions 12 ft
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Bertalan Bolger or other _____

Address Festus, Mo Date signed 3-8-44

1037

(Licensed Embalmer's Statement on Reverse Side)

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

10
3
1

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-21-44

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 Eleanora Poivice

Licensed Embalmer No. 3403

P. O. Address Festus 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.