

FILED JUL 10 1944

Registration District No. 3

Primary Registration District No. 4472

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Saline

(b) City or town miami
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 40 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Saline 97

(c) City or town miami
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LORA ETTA WILLIS

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

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

6. (b) Name of husband or wife Sidney Twyman Willis 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan - 14 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 4 19 _____ hr. _____ min.

9. Birthplace Adair County Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jess O Powell

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

14. Maiden name Bernard

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

16. (a) Informant Sidney T millis

(b) Address miami mo

17. (a) Burial (b) Date thereof 6-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation miami mo

18. (a) Signature of funeral director Harry Herzhelger

(b) Address marshall mo

19. (a) 6-5-1944 (b) Mrs. John Giger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1944 hour 6:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 5-25-1944 to 6-3-1944
that I last saw her alive on 6-2-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 9 days

Due to Hypertension 1 year

Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a1

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 W. H. Sullivan (M. D. or other) M.D.
Address miami, mo. Date signed 6-3-44

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

700

Health Officer No. 64

District File Number

Date Filed 7-8-54

EXHIBIT ATT. 107A

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.