S. No. 2
1—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27362

FILED SEP 12 1944

Registration District No. 3 Primary Registration District No. 2007 Registrar's No. 290

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 da (Specify whether years, months or days)

In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wayne

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

(d) Street No.: Route #1 (If rural, give location) Near Taskee Mo.

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

If yes, name country

3. (a) PRINT FULL NAME: Alva Willard

3. (b) If veteran, name war:

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: Pearl Willard

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: June (Month) 10 (Day) 1911 (Year)

8. AGE: Years 33 Months 2 Days 22 If less than one day hr. min.

9. Birthplace: Wayne Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Grant Willard

13. Birthplace: Wayne Co. Mo. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Mattie Deason

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

16. (a) Informant: Pearl Willard

(b) Address: Williansville Mo R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 4-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Woods Cem. Wayne Co Mo.

18. (a) Signature of funeral director: Frank Cobb

(b) Address: Poplar Bluff Mo

19. (a) 9-7-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1944 hour 1 minute 20 P. M.

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

Immediate cause of death: Coronary thrombosis — Duration

Due to: Acute Gastritis

Due to: Epilepsy, and pulmonary embolism

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Alfred W. Green Coroner (M.D. or other)

Address: Poplar Bluff Mo Date signed: 9-7-44

92 (Licensed Embalmer's Statement on Reverse Side)

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. Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address Poplar Bluff, 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.

S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

SUBSEQUENT COPY

State File No. 27362

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. R. R. 1 near Taskee Mo.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Alva Willard

3. (b) If veteran, name war ____

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 Pearl Willard

6. (c) Age of husband or wife alive 30 years

7. Birth date of deceased June 10, 1911 (Month) (Day) (Year)

8. AGE: Years 33 Months 2 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Wayne Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name Grant Willard
13. Birthplace Wayne County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie Deason
15. Birthplace Wayne County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Willard

(b) Address Williamsville RR 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Woods Cem. Wayne Co. Mo.

18. (a) Signature of funeral director Frank Cetrell

(b) Address Poplar Bluff, Missouri

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1944 hour 1 minute 20 P M.

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

Immediate cause of death

Duration

Verdict of Coroner's jury at Inquest: By a blow on the head at the hands of Claud Morris and Andy Pearson, policemen, attempting to arrest said Alva Willard.

Due to

Other conditions (Include pregnancy within 3 months of death)

167

Major findings: Of operations ____

Of autopsy Fractured skull and blood clot on Brain.

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) (overt)

(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 Alfred W. Greer Coroner (M.D.)

Address Poplar Bluff, Missouri Date signed 9-12-44

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

Coroners verdict filed

27362

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.....

P. O. Address.....

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.