

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27802

State File No.

FILED SEP 2 1944

Registration District No. 130

Primary Registration District No. 5463A

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Straffordia,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Strafford, Missouri /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Strafford,
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT

FULL NAME Thomas Lindsay Willis

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Effie Willis 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August 25, 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Hotel Keeper

11. Industry or business Hotel

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Effie Willis
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 8/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greene Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer, Funeral Home
Springfield, Missouri
(b) Address

19. (a) 8/16/44 (b) Harland Harman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th,
year 1944 hour 7:45 minute A. M.

21. I hereby certify that I attended the deceased from July 15, 1944 to Aug 19, 1944
that I last saw him alive on Aug 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arterio sclerosis

Other conditions Mitral regurgitation
(Include pregnancy within 3 months of death)

Major findings:
Of operations 928
Of autopsy

Duration 24 hr

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? ✓

23. Signature W. T. Walsh (M. D. or other)
Address Springfield, Mo Date signed 8/19/44

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

39
0
0

1246

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 *Lewis Scharf*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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.