

FILED DEC 9 1944

Registration District No. 259

Primary Registration District No. 3010

Registrar's No. 369

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community 40 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau 16  
(If outside city or town limits, write "RURAL")  
(d) Street No. 749 South Fountain St. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME

Charles W. Willeford

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-05-4945

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace M. Hunt 6. (c) Age of husband or wife if alive ~ years  
7. Birth date of deceased November 30th 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 10 0 hr. min.

9. Birthplace Keokuk Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer at Leming

11. Industry or business Lumber Company

MOTHER FATHER { 12. Name William H. Willeford

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

14. Maiden name Mary E. Wood

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Carland

(b) Address Cape Girardeau, Missouri.

17. (a) Burial (b) Date thereof 11-03-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 11-10-44 (b) F. M. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th  
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9 Jan  
1944 to Oct 30 1944  
that I last saw him alive on Oct 30-44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of esophagus

Due to 2  
Due to 2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 Carl A. Willeford (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed Nov 8/44

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

District Health Officer No. 4  
District File Number 1244-464  
Date Filed 12-7-44

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**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 Howard R. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.**