V. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5550

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1010 Walnut St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 44 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 Walnut St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ELIZA WILLIS
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 - 8 - 1855 (Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Memphis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Rev. H.P.S. Willis
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Esther Baird
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Lelia B. Willis
(b) Address 1010 Walnut St., Columbia, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Mo.
18. (a) Signature of funeral director
(b) Address Columbia, Mo.
19. (a) 1-22-45 (Date received local registrar) (b) Edna H. Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1945 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 1-14-1945 to 1-21-1945 that I last saw him alive on 1-18-1945 and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis — Duration 7 days
Due to Age
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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 No
(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? No
While at work? (Specify type of place) (e) Means of injury
23. Signature W. P. Wyant (M. D. or other) M.D.
Address Columbia Mo. Date signed 1-22-45

1200 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 3-2-45

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 Frank L. Zerring

Licensed Embalmer No. 4132

P. O. Address Talladega, Ala.

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.