

FILED MAR 14 1945

Registration District No.

Primary Registration District No. 2011

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
Staton Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days
(Specify whether

In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Carrollton 1
(If outside city or town limits, write "RURAL")

(d) Street No. Staton Clinic 4
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sidney Cullum Willis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 A
year 1945 hour 6 minute 30 M.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Infant

6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased Feb 2 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 2
1945 to Mar 7 1945;

that I last saw him alive on Mar 7 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>5</u>	hr. _____ min. _____

Immediate cause of death Intra cranial pressure 5 da

Due to Hard child birth

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

10. Usual occupation Infant

11. Industry or business _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 1000

MOTHER FATHER {

12. Name Sidney willis

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

14. Maiden name Evelyn Ruth Adkins

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

16. (a) Informant Mrs. Riley Adkins

(b) Address Carrollton, Mo.

17. (a) Burial (b) Date thereof 2/18/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Marshall Funeral Home

(b) Address Carrollton, Mo.

19. (a) 29-45 (b) Max James Rafferty
(Date received local registrar) (Registrar's signature)

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 P. A. Staton (M. D. or other) 7/9/45

Address Carrollton, Mo. Date signed Feb 9 1945

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

7-1-4

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-45

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 myself

_____, Registered Apprentice, No. _____

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.