

S. No. 2
I-9-4-41
7-5-17-39
PI 22484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 28 1945 STANDARD CERTIFICATE OF DEATH

MISSOURI STATE BOARD OF HEALTH

State File No. **37097**

Registration District No. **107** Primary Registration District No. **3019** Registrar's No. **38**

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community About 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. North Vandevanter
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NELSE WILLOUGHBY
3. (b) If veteran, name war _____ 3. (c) Social Security No. 220

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 23 year 1945 hour 5 minute 50 P. M.

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 12 1847
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 19 1945 to Oct 23 1945 that I last saw him alive on Oct 23 1945 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Nephritis - uremia

8. AGE: Years 98 Months 5 Days 11 If less than one day _____ hr. _____ min.

Duration _____
Due to _____
Due to _____

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

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name _____

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

14. Maiden name Winters

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

16. (a) Informant Mary Jay

(b) Address Kennett Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-45 (Month, Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem

18. (a) Signature of funeral director Leop. Und. Co
(b) Address Kennett Mo

19. (a) 10-26-45 (Date received local registrar) (b) Carl Husband (Registrar's signature)

Major findings: Of operations _____ Of autopsy _____
1316

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 Paul Baldwin (M. D. or other) M.D.
Address Kennett Mo Date signed 10-27-45

RECEIVED

District Health Office No. 2,

District File Number 1145-3227

Date Filed 11-8-45

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

Walter A. Hampton

Licensed Embalmer No. 2002

P. O. Address Kennett 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.