

STANDARD CERTIFICATE OF DEATH

State File No. **37658**

FILED DEC 15 1945
Registration District No. **157**

Primary Registration District No. **5585**

Registrar's No. **201**

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

1. PLACE OF DEATH:

(a) County. **Jasper**
(b) City or town. **Rural - Madison Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Carthage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community. **47 Years**
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Jasper 49**
(c) City or town. **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route #1, Carthage**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EMMA JANE WILLARD**

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. **Widowed**
6. (b) Name of husband or wife. **William G. Willard** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. **October 13, 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 **1** **3** ..hr. ..min.

9. Birthplace. **Mercer County, Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Housewife**

11. Industry or business

MOTHER { 12. Name. **Adam Struble**
13. Birthplace. **X Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name. **Susan Sheckler**
15. Birthplace. **X Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Mrs. Maude Derosett**
(b) Address. **Route #1, Carthage, Mo.**

17. (a) **Burial** (b) Date thereof. **11-18-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Fasken Cemetery**

18. (a) Signature of funeral director. **Ed. C. Uhmer**

(b) Address. **Carthage, Mo.**

19. (a) **11-17-45** (b) **E. B. Clinton M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. **Nov.** day. **16,**
year. **1945** hour. **4:** minute. **50 A.M.**

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....
that I last saw her alive on **August 3, 1945**, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Senility **10 yrs**
Diabetes Mellitus **6 yrs**
right Hemoplegia

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **61**
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. **[Signature]** (M. D. or other) **MD**
Address. **Carthage** Date signed **11-17-45**

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 *Gene P. Dugh*

Licensed Embalmer No. *4231*

P. O. Address *Carthage, 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.