No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2779

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1005

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 866 Boonville Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 866 North Campbell
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME DAVID LEE WILLIS

3. (b) If veteran, name war W War I

3. (c) Social Security No. UNK.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Rose Willis

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

7. Birth date of deceased November (Month) 4, (Day) 1891 (Year)

8. AGE: Years 54 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) UNK. 9 (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Reda Hanshaw
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Donald Robert Willis

(b) Address 866 N. Campbell, Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/1945 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-15-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7, year 1945 hour unknown minute M.

21. I hereby certify that I attended the deceased from No physician, no attendance, 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Alcoholism chronic & poisoning with isopropyl alcohol

Due to

Due to

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) Accidental

(b) Date of occurrence Dec 7, 1945

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Deserted shed (Specify type of place)

While at work? No (e) Means of injury Isopropyl alcohol

23. Signature Mrs. C Stone, Coroner (M. D. or other)

Address Springfield, Mo. Date signed

111

(Licensed Embalmer's Statement on Reverse Side)

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

100145

JAN 16 1946

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.....C. A. Root.....

Licensed Embalmer No.....3044.....

P. O. Address.....Springfield 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.