

S. No. 2
M-8-43
7-5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19723
Registrar's No. 58

FILED JUL 15 1946

Registration District No. 27 Primary Registration District No. 5184

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Rural Whitewater
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 years
In this community 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Gir. 16
(c) City or town Rural Whitewater
(d) Street No. 2 miles E. Millersville
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Columbus J Wills
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M (1) 5. Color or race W
6. (a) Single, widowed, married, divorced S (0)
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 9 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3
year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 1946 to June 4 1946
that I last saw him alive on June 21 1946
and that death occurred on the date and hour stated above.
Immediate cause of death acute Schistosomiasis

8. AGE: Years 71 Months 3 Days 24
If less than one day hr. min.

Due to chronic Nephritis
Due to

9. Birthplace Cape Gir. County Mo.
(City, town, or county) (State or foreign country)
Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation
11. Industry or business
12. Name William Wills
13. Birthplace Cape Gir. County Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Betty Ates
15. Birthplace Cape Gir. County Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
171 P

16. (a) Informant Frank Delph
(b) Address Jackson Mo.
17. (a) Burial (b) Date thereof 6-5-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Salem Cemetery

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?

18. (a) Signature of funeral director Wilson Hatcher Seabough
(b) Address Jackson Mo
19. (a) 6-5-46 (b) W. F. Schubert
(Date received local registrar) (Registrar's signature)

23. Signature W. F. Schubert (M. D. or other)
Address Jackson Mo Date signed 6-1-46

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

6
0
0

75

RECEIVED

District Health Officer No. 4
District File Number 746-2381
Date Filed 7-13-46

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 Glenn Wilson
Licensed Embalmer No. 2825
P. O. Address Jackson 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.