S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

19862

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1946

State File No. 20993

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 27

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town RURAL - JACKSON TWP. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MONROE CO. INFIRMARY 5 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 MO. (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE 69

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

(d) Street No. ..... (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME CHARLES W. WILLIS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased FEB 13, 1865 (Month) (Day) (Year)

8. AGE: Years 81 | Months 3 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace MONROE CO., MO. U (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name GEO. MARION WILLIS
13. Birthplace N.K. 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNIE WALTERS
15. Birthplace N.K. 0 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANNIE JOHNSON 1

(b) Address PARIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 6, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation BRYAN CEMETERY

18. (a) Signature of funeral director Speed & Blakey

(b) Address PARIS, MO.

19. (a) JUNE 5, 1946 (Date received local registrar) (b) Elbert Baker MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5TH year 1946 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 1, 1946, to June 5, 1946, that I last saw him alive on June 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 21

23. Signature [signature] (M. D. or other)

Address PARIS, MO. Date signed 6-5-46.

205

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-46-1240
Date Filed JUL 11 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 Edmond H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.