

FILED OCT 7 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(c) Name of hospital or institution: Sikeston General Hospital  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Morehouse, Mo.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Hayes Willis

(b) If veteran, name war X (c) Social Security No. 490-03-0997

4. Sex M (5) Color or race W (6) (a) Single, widowed, married, divorced W

(b) Name of husband or wife Emma Willis (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 1 4 1893

8. AGE: Years 53 Months 7 Days 24

9. Birthplace Unknown Illinois

10. Usual occupation Mill Employee

11. Industry or business Scott County Milling Co

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Mrs Emma Willis (b) Address Morehouse, Mo. Box 255

17. (a) Burial (b) Date thereof 8/29/46

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 10-1-46 (b) Mrs J. S. Henry

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 28 year 1946 hour 1 minute a M.

21. I hereby certify that I attended the deceased from 8-26 to 8-28 1946  
that I last saw him alive on 8-28 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis

Due to

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 46 B

Of autopsy

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?  
(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 J. S. Henry M.D. (M. D. or other) Address Morehouse, Mo. Date signed 9/4/46

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

RECEIVED

District Health Office No. 2,

District File Number 1046-119

Date Filed 10-3-46

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**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

*John Allerton*

Licensed Embalmer No.

*7941*

P. O. Address

*Superior*

**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.**