V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32923

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 332

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp # 1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 7-1-43 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jasper 14
(c) City or town Carterville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Willoughby
3. (b) If veteran, name war —
3. (c) Social Security No. [illegible]
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ~~Sh~~ ?
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 5 (Day) 1865 (Year)

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

9. Birthplace (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Oil driller
11. Industry or business
FATHER
12. Name Jno. Willoughby
13. Birthplace (City, town, or county) Ill 1 (State or foreign country)
MOTHER
14. Maiden name Elizabeth Bryant
15. Birthplace (City, town, or county) Mo. 1 (State or foreign country)
16. (a) Informant Hosp. records
(b) Address ~~[illegible]~~
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 11. 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Fulton Mo
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.
19. (a) 10-11-1946 (Date received local registrar) (b) Josie Morsenkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 5 year 1946 hour 4 minute A M.
21. I hereby certify that I attended the deceased from July 1st, 1943, to Oct 5, 1946, that I last saw him alive on Oct. 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	?
Due to Generalized arteriosclerosis	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations 930	
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
23. Signature P. S. Tate (M. D. or other)
Address State Hosp. #1 Date signed 10/9/46

34 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-14-46

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 Glen G. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.