

V. S. No. 2
100M-5-43
Rev. 5-17-39
X36577

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED NOV 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. **33007**

Registration District No. **59** Primary Registration District No. **4100-52 27** Registrar's No. **157**

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

1. PLACE OF DEATH:
(a) County **Cass, Missouri**
(b) City or town **Rural Folk Township**
(c) Name of hospital or institution: **F**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME, Leo James Willsie
3. (b) If veteran, name war **3. (c) Social Security No. 365-05-9925**

4. Sex male **5. Color or race white** **6. (a) Single, widowed, married, divorced married**
6. (b) Name of husband or wife Gladys Willsie **6. (c) Age of husband or wife if alive 1999 years**
7. Birth date of deceased Feb. 2 1999
(Month) (Day) (Year)

8. AGE: Years **47** Months **8** Days **18** If less than one day hr. min.

9. Birthplace St. Thomas Ontario, Canada
(City, town, or county) (State or foreign country)
10. Usual occupation Minister & Fireman

11. Industry or business Charles Willsie
12. Name ? Canada
13. Birthplace ? Canada
14. Maiden name Albertia Pearish
15. Birthplace ? Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo James Willsie
(b) Address Strasburg, Missouri
17. (a) Burial **(b) Date thereof 10-23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri
18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Missouri.
19. (a) 10-29-1946 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Cass**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles north of Strasburg
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 20
25 year 1946 hour minute M.
21. I hereby certify that I attended the deceased from
/ / 19 / to / / 19 /
(that I last saw h. alive on / / 19 /
and that death occurred on the date and hour stated above.

Immediate cause of death **Kelley**
accidentally by train
fracturing of skull
Due to severed left shoulder
Due to **23. H. P. Cow** he - 1700-8
Other conditions **was driving**
(Include pregnancy within 3 months of death) **23**
Major findings: **was struck**
Of operations **by a train**
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) **accident 19**
(b) Date of occurrence **Oct 20, 1946**
(c) Where did injury occur? **Strasburg, Cass Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Holten, Cass Mo
(Specify type of place) (e) Means of injury
While at work?
23. Signature E. M. Luff (M. D. or other) **0**
Address **Darrouville Mo** Date signed **Oct 20**

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~~.....

Allen Swensfield 10-26-41 Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Swensfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address *Pleasant Hill m*.....

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.