

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1316 Francis St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 2 months

3. (a) PRINT FULL NAME Courtney Lee Willis
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 5 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>76</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation stationary engineer

11. Industry or business Des Moines Apartments

12. Name John R. Willis

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary L. Brown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fern Willis Bruce
 (b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 4/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Bowman
 (b) Address St. Joseph, Mo.

19. (a) 5-6-47 (b) B. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph //
(If outside city or town limits, write "RURAL")
 (d) Street No. 1316 Francis //
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
 year 1947 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from April 1 1947 to April 26 1947
 that I last saw him alive on April 25 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Astherosclerosis, general
Cardiac hemorrhage
Wernicke's - right
 Duration 4-1-47
4-25-47

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Dr. L. J. ... (M. D. or other) MD
 Address St. Joseph, Mo. Date signed 4-26-47

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 Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 5195 10th St. Joplin

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.