

S. No. 2  
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5-17-39  
P 1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27442**

FILED AUG 20 1947  
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **709**

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**359 N. Warren**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**37 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

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

(d) Street No. **359 N. Warren** **1**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Alfred Rolley Willhoit**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Birdie A. Willhoit**

6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **March 3 1876**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>71</b>	<b>5</b>	<b>2</b>	hr. min.

9. Birthplace **Longrun, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

12. Name **James W. Willhoit**

13. Birthplace **???, Tenn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Griffith**

15. Birthplace **Ozark County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Birdie A. Willhoit**

(b) Address **359 N. Warren, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **8-8, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lutie, Mo.**

18. (a) Signature of funeral director **W.L. Dunn**

(b) Address **Springfield, Mo.**

19. (a) **8-7-47** (b) **W.E. Handley M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5** th. year **1947** hour **10** minute **##** P.M.

21. I hereby certify that I attended the deceased from **8-10** to **8-5** 1947, and that death occurred on the **5** day and hour stated above.

Immediate cause of death **Valvular heart disease** Duration

Due to **Pericardial effusion**

Due to **Myocardial infarction**

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

Major findings:  
Of operations **no**

Of autopsy **no**

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) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **no** (Specify type of place) (e) Means of injury

23. Signature **A. F. Truman** (M. D. or other) **8-7-47**

Address **Springfield, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

AUG 25 1947

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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 *R. S. McCarri*

Licensed Embalmer No. 2727

P. O. Address Springfield, 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.**