

7-2
7-47
7-39

National Office of Vital Statistics
FILED JAN 9 1948

State File No.

Registration District No. 277

Primary Registration District No. 5937

Registrar's No. 431

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Washington Imp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Route 2, Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 43 years
(Specify whether years, months or days)
In this community. 43 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural Washington Imp.
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2, Windsor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry Lewis Willis

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1947 hour 9 minute am

21. I hereby certify that I attended the deceased from 1-11-47
....., 19....., to 12-13-47, 19.....
that I last saw him alive on 12-13-47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Failure
Due to hypertensive pneumonia

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

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
Underline the cause of 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 A.W. Inouland (M.D. or other) Do
Address Cole Camp, Mo Date signed 12-18-47

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 19 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 24hr.min.

9. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business John Wesley Willis

12. Name Snowhill, Maryland

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

14. Maiden name Madison County, Missouri

15. Birthplace Miss Edith Willis
(City, town, or county) (State or foreign country)

16. (a) Informant Windsor, Missouri

(b) Address Burial (c) Date thereof 12-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp, Missouri

18. (a) Signature of funeral director Hester Turner
(b) Address Windsor, Mo

19. (a) 12-15-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

1-8-48

JAN 23 1956

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 _____

William W. Turner

Registered Apprentice No. _____

470

working under my personal supervision.

Signed _____

Ellen Hurler

Licensed Embalmer No. _____

3391

P. O. Address _____

Windsor, 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.