

No. 2
8-43
17-39
X37823

FILED JUN 21 1948

Registration District No. **7**

Primary Registration District No. **5175-**

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

1. PLACE OF DEATH:

(a) County Camden

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

(c) Name of hospital or institution:
Macke Creek Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 69 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden¹⁵

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Macke Creek Mo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Ann Willis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1942 to May 20th 1947
that I last saw her alive on May 19th 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife John D. Willis 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: October 30th 1858
(Month) (Day) (Year)

Immediate cause of death Chronic Interstitial Nephritis ^{about 5 years} Duration

8. AGE: Years 88 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Maries (maries) Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Formerly Nursekeeper

11. Industry or business _____

MOTHER FATHER

12. Name William Floyd Caldwell

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

14. Maiden name Malinda Jane Stokes

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

16. (a) Informant Lou Hack

(b) Address Macke Creek Mo

17. (a) Burial (b) Date thereof 5-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macke Creek Mo

18. (a) Signature of funeral director B. W. Allen

(b) Address Camden Mo

19. (a) 5-21-47 (b) G. Myers Mo
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: B/W

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 0

23. Signature G. Myers (M. D. or other) _____

Address Macke Creek Mo Date signed 5-21-47

RECEIVED

District Health Officer No. 7

District File Number 5-48-626

Date Filed 6-16-58

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 Mrs Abbie Woolery

Licensed Embalmer No. 2488

P. O. Address Camden 2

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.