FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

4271

State File No. .....

Registration District No. 65 — Primary Registration District No. 4113 — Registrar's No. 46

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON 21
(c) City or town BRUNSWICK 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME EMMETT V. WILLIS
3. (b) If veteran, name war .....
3. (c) Social Security No. 495-10-5729

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDITH
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased MARCH (Month) 23 (Day) 1888 (Year)

8. AGE: Years 59 | Months 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace HARRISON Co. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation RETIRER RAILROAD WORKER
11. Industry or business /
FATHER
12. Name EDWARD WILLIS
13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ANNIE McBEE
15. Birthplace IOWA (City, town, or county) (State or foreign country)
16. (a) Informant MRS. MARY WILLIS
(b) Address BRUNSWICK MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation BRUNSWICK
18. (a) Signature of funeral director L. Wheeler
(b) Address BRUNSWICK MO
19. (a) 1-11-48 (Date received local registrar) (b) Mildred Boone (Registrar's signature) 57

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 8TH year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 8, 1948 to ....., 19..., that I last saw him alive on Jan 8 — 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2
Due to Arteriosclerosis Chronic	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

94A

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 0
23. Signature Grover C. Rice (M. D. ~~or other~~)
Address Brunswick Mo Date signed 1-8-48

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

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-27-48

MAR 17 1961

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 L M Cassil

Licensed Embalmer No. 823

P. O. Address Brunswick

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.