

No. 2  
8-43  
17-39  
X37823

State File No. \_\_\_\_\_

FILED MAR 5 1948

Registration District No. 149

Primary Registration District No. 4232

Registrar's No. 42

1. PLACE OF DEATH:

(a) County HOWELL

(b) City or town Willow Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)

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

In this community 3 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Garfield 999

(c) City or town Enid 34  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 2

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6  
year 48 hour 5:30 minute 9. M.

21. I hereby certify that I attended the deceased from 2-6-48, 1948, to 2-6-48, 1948

that I last saw him alive on 2-6-48 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 24 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94A

-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:

(c) 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 \_\_\_\_\_

3. Signature J. Callahan (M. D. or other) \_\_\_\_\_  
Address Willow Springs, Mo Date signed 2-8-48

3. (a) PRINT FULL NAME JAMES BENNETT WILLBANKS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lottie Willbanks 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 13, 1886  
(Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Shannon County, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Conductor

11. Industry or business Railroading

12. Name John Willbanks

13. Birthplace Miller County, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Bennett

15. Birthplace Miller County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lottie Willbanks

(b) Address Box 733, Enid, Oklahoma

17. (a) Removal (b) Date thereof 2/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yuthie, Oklahoma

18. (a) Signature of funeral director JCBurns

(b) Address Willow Springs, Mo.

19. (a) 2/7/48 (b) Marshall Burnett  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer, No. 5,

District File Number... 348119-

Date Filed 3-4-48

MAR 6 1948

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.....

*Fred W. Barnes*

Registered Apprentice No. 413

working under my personal supervision.

Signed *J. P. Burns*

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.