DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1 1948

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18442

Registration District No. 339 — Primary Registration District No. 6150 — Registrar's No. 6

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town "Rural" New Lisbon
(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 ____ life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town 'Rural' 103
(If outside city or town limits, write "RURAL")

(d) Street No. New Lisbon Twsp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Johnnie Willard

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April (Month) 1 (Day) 1946 (Year)

8. AGE: Years 2 | Months 1 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Stoddard Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation ____

11. Industry or business ____

FATHER
12. Name Ralph Willard
13. Birthplace Leora (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Lorene Ervin
15. Birthplace Advance (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant's own signature Ralph Willard
(b) Address Leora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 16 (Day) 1948 (Year)
(c) Place: burial or cremation Kimbrell Cem.

18. (a) Signature of funeral director Floyd Morgan
(b) Address Puxico Mo

19. (a) 5-16-48 (Date received local registrar) (b) Floyd Morgan (Registrar's signature) 25 X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased ~~from~~ May 15, 1948, to ____, 19__;
that I last saw h____ alive on dead on arrival, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: accidental drowning	
Due to deceased fell into 12 gal earthern jar containing	
Due to about 6 in of water	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

183
19

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) accident
(b) Date of occurrence 5-14-48
(c) Where did injury occur? RURAL (City or town) Stoddard (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home on farm 103
(Specify type of place)
While at work? Atolay (e) Means of injury drowning

23. Signature V. H. Skillings (M. D. or other) D.O.
Address Puxico Date signed 5/16/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING [redacted] INK—MAKE A PERMANENT RECO[redacted]
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-1-39

RECEIVED
District Health Office No. 2,
District File Number 648-247
Date Filed 6-1-48

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 Not embalmed, Registered Apprentice No.,
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.