

FILED JUL 30 1948  
Registration District No. ....

Primary Registration District No. 2091

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County: Jasper  
(b) City or town: Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 815 Grand  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: All his life (Specify whether  
In this community: All his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: MISSOURI (b) County: Jasper 49  
(c) City or town: Joplin 5  
(If outside city or town limits, write "RURAL") 0  
(d) Street No.: 815 Grand (If rural, give location)  
(e) Citizen of foreign country? M.C. (Yes or No)  
If yes, name country: -

3. (a) PRINT FULL NAME: Eugene Joseph Willis  
3. (b) If veteran, NO name war: .....  
3. (c) Social Security No. NO

4. Sex: Male 5. Color or race: White  
6. (a) Single, widowed, married, divorced: Single  
6. (b) Name of husband or wife: NO 6. (c) Age of husband or wife if alive: ..... years  
7. Birth date of deceased: July 16 1926  
(Month) (Day) (Year)

8. AGE: Years: 21 Months: 11 Days: 15 If less than one day: ..... hr. .... min.

9. Birthplace: Joplin, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

12. Name: Logan Willis

13. Birthplace: Joplin, Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Bessie Baker

15. Birthplace: Springfield, MO (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary Cox

(b) Address: 2121 Laurel St., Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation: Ozark Mem Park

18. (a) Signature of funeral director: Huribut Glover

(b) Address: 422 Sergeant Av.

19. (a) 7/9/48 (Date received local registrar) (b) Dolores Sampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 1 year: 1948 hour: 7 minute: 13 A.M.  
6-29-48

21. I hereby certify that I attended the deceased from 7-1 1948  
that I last saw im alive on 6-29- 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial collapse Duration: .....

Due to: Pneumonia 3 days

Due to: .....

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

Major findings: Of operations: .....

Of autopsy: .....

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? 2

While at work? (Specify type of place) (e) Means of injury: .....

Signature: E. Conner (M. D. or other) D.O.

Address: Frisco Bldg. Joplin, Date signed: 7-2-48

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN Underline cause of death which should be charged statistically.

MOTHER FATHER

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

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 \_\_\_\_\_

*Ralph Glover*

Registered Apprentice No. 87

working under my personal supervision.

Signed \_\_\_\_\_

*Edmund D. ...*

Licensed Embalmer No. 3566

P. O. Address Jefferson 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Aug  
Registrar's No. f

Registration District No. 136

Primary Registration District No. 201

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Jordan  
(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 (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME Eugene J. Willis  
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 s

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

7. Birth date of deceased July 16 (Month) (Day) (Year)

8. AGE: Years 21 Months \_\_\_\_\_ Day \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) Mo

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (Date received local registrar) (b) \_\_\_\_\_ (Registrar's signature)

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH Month 7 1948 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Bronchial Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 107

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 \_\_\_\_\_  
23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address [Address] Date signed 8-5-48

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-23324