S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 33499
Registrar's No. 390

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Macon 61
(c) City or town: Macon 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Bertha Willis
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: widow 2
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sept (Month) 9 (Day) 1888 (Year)

8. AGE: Years 60 Months 0 Days 9 If less than one day hr. min.

9. Birthplace: Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business:
MOTHER FATHER
12. Name: John Carter
13. Birthplace: Mo (City, town, or county) (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Iona Holman Jr
(b) Address: Macon 9-26-48
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Stephens Goodding
18. (a) Signature of funeral director: Macon, Mo
(b) Address:
19. (a) Oct 21-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 48 7 hour 45 minute a.m.

21. I hereby certify that I attended the deceased from Oct, 1944, to Sept 18, 1948; that I last saw h. alive on Sept 17, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death

Due to Pernicious Anemia

Due Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature: C D Edwards (M. D. or other)
Address: Macon Mo Date signed 9/11/48

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

RECEIVED
District Health Officer No. 10
District File Number 10-48-1836
Date Filed OCT 26 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon 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.