

FILED DEC 10 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35481

State File No. ....

Registrar's No. 347

Registration District No. ....

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville, Mo.  
(c) Name of hospital or institution Community Nursing Home  
(d) Length of stay: In hospital or institution 21 months  
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair  
(c) City or town Kirksville  
(d) Street No. Community Nursing Home  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Nettie O. Willis

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

4. Sex FEMALE  
5. Color or race White  
6. (a) Single, widowed, married, divorced, widowed  
6. (c) Age of husband or wife if alive, years  
7. Birth date of deceased September 13 1872

8. AGE: Years 76, Months 2, Days 9

9. Birthplace Adair Co. Mo.

10. Usual occupation Housekeeper

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Mrs. Pearl Otto

(b) Address Kirksville, Mo.

17. (a) Burial Forest Park Cent.

(b) Date thereof 11/24/48

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address Kirksville, Mo.

19. (a) 11-27-48 (Date received local registrar)

(b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23 year 1948 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from 7:00 P.M. 1947 to Nov 23 1948 that I last saw him alive on Nov 23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to Hypertensive heart disease  
Due to arteriosclerosis

Other conditions Senile psychosis

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(e) Means of injury

23. Signature M.T. Hutenshain  
Address Kirksville, Mo. Date signed 11-25-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-48-2108

Date Filed DEC 9 - 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, ~~only~~ \_\_\_\_\_

\_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.