

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5588 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Reeds</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Reeds</b>	
c. LENGTH OF STAY (In this place) <b>50 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Sanapistone 0490</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Reeds, Mo.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harold</b>		b. (Middle) <b>L.</b>	
c. (Last) <b>WILLOUGHBY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 12, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 31, 1900</b>
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Reeds, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Thomas J. Willoughby</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah G. Dodson</b>		14. NAME OF HUSBAND OR WIFE <b>Hattie Poncot Willoughby</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>715 10 3180</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hattie Willoughby</b>		ADDRESS <b>Reeds, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cerebral Hemorrhage</b>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			
INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>7-12-</b> , 19 <b>50</b> , to <b>7-12-</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>7-12-</b> , 19 <b>50</b> , and that death occurred at <b>3: P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George H. Bragdon M.D.</b>		23b. ADDRESS <b>Reeds, Mo.</b>	
23c. DATE SIGNED <b>7-13-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7-15-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dudman Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>S. E. of Carthage, Mo.</b>		DATE REC'D BY LOCAL REG. <b>7-13-50</b>	
REGISTRAR'S SIGNATURE <b>L. B. Clinton M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b>	
ADDRESS <b>Carthage, Mo.</b>		ADDRESS <b>Carthage, Mo.</b>	

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

RECEIVED 7-17-50

Jasper County Health Office

County File Number 50-7-532

Date Filed 7-17-50

MAY 4 1951

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

working under my personal supervision.

Student Student Embalmer

Signed *John S. Renne*

Student Embalmer No. 4194

Licensed Embalmer No. 4194

P. O. Address

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.