

FILED OCT 13 1942

Registration District No. **21**

Primary Registration District No. **5182**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

(b) City or town **Rural "Shawnee" Twp**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

In this community **1** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

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

(d) Street No. **Shawnee Jct.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country **0**

3. (a) PRINT FULL NAME **Robert M Wills**

3. (b) If veteran, name war **1**

3. (c) Social Security No. **492-16-5117**

4. Sex **MO** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Martha J. Wills**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **February 2 1872**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	7	2	hr. min.

9. Birthplace **Daisy Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER

12. Name **Williams Wills**

13. Birthplace **Daisy Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Cates**

15. Birthplace **Bollinger Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Martha J Wills**

(b) Address **Jackson Mo**

17. (a) **Burial** (b) Date thereof **Sept 5 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill**

18. (a) Signature of funeral director **Walter Johnson - Howard**

(b) Address **Jackson Mo**

19. (a) **Sept 5-42** (b) **D. J. Schorn**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **4**
year **1942** hour **12 noon** minute **0** M.

21. I hereby certify that I attended the deceased from **April 14**
1942 to **Sept 14** 19**42**

that I last saw him alive on **July 13** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma (Squamous cell) of Right Maxillary Sinus 8 Mo**

Due to

Due to

Other conditions **55d**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations

Of autopsy **None**

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)

(b) Date of occurrence

(c) Where did injury occur? **1**
(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 **0**

23. Signature **Matthew M. D.** (M. D. or other)
Address **Cape Girardeau Mo** Date signed **9-4-42**

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

1600

#P

124

RECEIVED

District Health Officer No.

District File Number 1042-1200

Date Filed 10-10-42

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 *Henry Wilson*

Licensed Embalmer No. 2828

P. O. Address *Jackson 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.