Dr. Sewell

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22151
Do not use this space.

JUL 11 1939

1. PLACE OF DEATH
(a) County GREENE — Registration District No. 318
(b) Township or City SPRINGFIELD — Primary Registration District No. 2001 — Registered No. 512
(c) (d) Street No. 1512 N. Jefferson St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Margaret Williams
(a) Residence, No. 1512 N. Jefferson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John J. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1857

7. AGE ✓

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
82	5	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Clever Missouri

FATHER
13. NAME: Peter Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Menora Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Gladys Buckner, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crane, Mo. DATE: June 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H.H. Lohmeyer, Springfield, Mo.

20. FILED 6-23-1939 Chas A. George M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to June 22, 1939
I last saw her alive on June 22, 1939. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Chronic Myocarditis
Died Uraemic Death

Date of onset

Other contributory causes of importance:
Senility

131

Name of operation: none Date of
What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Walter S. Sewell, M. D.
(Address) Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Thomas Randolph Neal, Registered Apprentice No. 176 working under my personal supervision.

Signed Loolin Gorma

Licensed Embalmer No. 3177

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.