

1939 OCT 27 1939

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

Rainwater
32433
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 316
(b) Township SPRINGFIELD Primary Registration District No. 2001
(c) or City SPRINGFIELD (d) Street No. 1513 N. MAIN Registered No. 728
(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 STELLA A. WILLIAMS
(a) Residence, No. 1513 N. MAIN St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF S. Alex Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7 - 1874
7. AGE YEARS 64 MONTHS 11 DAYS 22 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. In home
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) Mo.
FATHER 13. NAME R. P. Thomsberry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
MOTHER 15. MAIDEN NAME Russ Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT (ADDRESS) S. Alex Williams Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Oct 1 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Klingner Springfield, Mo.
20. FILED 9-30-39 Chas. Whoozard Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 29 1939
22. I HEREBY CERTIFY, that I pronounced deceased from Sept 26 1939 to Sept 27 1939
I last saw her alive on Sept 28 1939. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of esophagus
Other contributory causes of importance: 4's
Name of operation none Date of
What test confirmed diagnosis ray 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: at Rainwater (Signed) Chas. Whoozard, M. D.
(Address) 432 Med Arts Springfield Mo.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. B. Klingner

Licensed Embalmer No.....

3358

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, above space should be left blank.

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