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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11131

Registration District No. 383 Primary Registration District No. 4226 Registrar's No.

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

46
2
0

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Mountain View Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community (years, months or days) Eleven years 45

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Mountain View Mo. (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha V Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife J. P. Williams

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November (Month) 28 (Day) 1857 (Year)

8. AGE: Years 82 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Howell (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife 9

11. Industry or business 9

FATHER
12. Name Henry Boatman
13. Birthplace Not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mahalley Wood
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant J. P. Williams

(b) Address Mountain View Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion Cemetary

18. (a) Signature of funeral director John F Duncan

(b) Address Mtn View Mo.

19. (a) (Date received local registrar) (b) G W Wimpfen 343 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1940 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 2-8-1940 — 19__ to 3-15- 1940 that I last saw her alive on 3-15- 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Degeneration of Liver	1-yr-
Due to Senility	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy no	

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature C. R. Terrill (M. D. ~~or other~~)

Address Mtn. View Mo. Date signed 3-16-40

(Licensed Embalmer's Statement on Reverse Side)

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 John F. Duncan

Licensed Embalmer No. 2516

P. O. Address Mtn View 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, above space should be left blank.