

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43615

State File No.

Registration District No. 732

Primary Registration District No. 4437

Registrar's No. 732

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Higbee Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(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 2

3. (a) PRINT FULL NAME Mrs Mary Ellen Williams

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Harden Williams 6. (c) Age of husband or wife if alive Deat years

7. Birth date of deceased Nov 26 1854  
(Month) (Day) (Year)

8. AGE: Years 86 Months I Days 5 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Howard Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name George Hern

13. Birthplace Boone Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Genera Avery

15. Birthplace Howard Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Willard Edwards

(b) Address Higbee Mo

17. (a) Burial (b) Date thereof Jan 2 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem Higbee Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) Jan 1 1941 (b) J. W. Winn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Higbee Missouri  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 31 day \_\_\_\_\_ year 1940 hour 10 minute 30 AM.

21. I hereby certify that I attended the deceased from Aug 17, 1940, to Dec 31, 1940.

that I last saw him alive on Dec 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Cardio-renal syn-  
drome

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations No operations

Of autopsy No autopsy

22. If death was due to external causes, all 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature W. D. Mendenhall (other) \_\_\_\_\_

Address Higbee, Mo Date signed 1-1-41

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-104

Date Filed JAN 12 1944

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 Me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Orvil Roberson

Licensed Embalmer No. 4101

P. O. Address Wigbee, 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.