

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.

Veteran of World War.

FEB 20 1941

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

4614
Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 843
 (b) Township Washington Primary Registration District No. 4513 Registered No. 104
 (c) or City Salena Mo (d) Street No. _____ (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Nellie Williams

(a) Residence, No. Salena, Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olivia Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 - 1885
 7. AGE YEARS 55 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Gov't Engineer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16 1941
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1941 to Feb 15 1941
 I last saw him alive on Feb 16 1941 Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Date of onset

Other contributory causes of importance: 94 B

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____

(Signed) [Signature] M. D.
 (Address) [Address]

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Marion Williams

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Vina Henry

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

17. INFORMANT Jefin Gypson
 (ADDRESS) Salena Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Crane Mo DATE 2-19 1941

19. FUNERAL DIRECTOR (NAME) Geat H. Mantone
 (ADDRESS) Crane Mo.

20. FILED 2/19 1941 Nellie Irwin
 Local Registrar

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 George H. Monahan

Licensed Embalmer No. 7827

P. O. Address Crescent

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.