

EXPIRES FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4703
State File No.

Registration District No. 871

Primary Registration District No. 8155

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Wray

(b) City or town Central
(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 55 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Rural
(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? 0 years.

3. (a) PRINT FULL NAME Bertha Williams

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1941 hour 9 minute A. M.

4. Sex Female 5. Color or race W

6. (b) Name of husband or wife Virgil Williams 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 26 1878
(Month); (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 6, 1941, to Jan 7, 1941;
that I last saw her alive on Jan 6, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 03 Days 12 If less than one day 55
hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration Sudden

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

Due to Hypertension

10. Usual occupation Housewife

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death)

11. Industry or business None

12. Name James Ray

13. Birthplace Donk Knob, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hamblin

15. Birthplace Donk Knob, Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations ✓

Of autopsy none done

16. (a) Informant Virgil Williams

(b) Address Fetherman, Mo

17. (a) Burial (b) Date thereof 1-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

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? Yes

18. (a) Signature of funeral director Martha Cichy

(b) Address Nevada, Mo

19. (a) 1-9-41 (b) Thelma Wilson
(Date received local registrar) (Registrar's signature)

While at work? None (Specify type of place) (e) Means of injury _____

23. Signature W. ROVE (M. D. or other) MD

Address Nevada, Mo Date signed 1/8/41

RECEIVED

District Health Officer No. 7,

District File Number

2-41-258

Date Filed

2-7-41

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

Mark E. Eichen

Licensed Embalmer No.

2656

P. O. Address

Nevada, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 4703

Registration District No. 871

Primary Registration District No. 6123

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Osage
(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)

3. (a) PRINT FULL NAME Bertha Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased Dec 26 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>0</u>	<u>17</u>	hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-9-41 (b) J. Helma Wilson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Jan day 7
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 W. S. Love (M. D. or other) _____

Address Nevada _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

