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X26390

FILED SEP 18 1941

State File No. ....

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Cedar  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Hospital  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Centralia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY JEANETTE WILLIAMS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 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 Aug 2 1940  
(Month) (Day) (Year)

8. AGE: Years 10 Months 0 Days 21 If less than one day 4 hr. \_\_\_\_\_ min.

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

10. Usual occupation none

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

12. Name Bryon Williams

13. Birthplace Balls Bluff Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Fayeta Mae Kelly

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

16. (a) Informant Bryon Williams

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof Aug 25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo

18. (a) Signature of funeral director Paul A. Lyard

(b) Address 161 N. Western

19. (a) Aug 25-41 (b) B. Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23  
year 1941 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on Coroner's Office, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Railroad Accident Duration \_\_\_\_\_  
Due to Collision of Railroad Crossing  
Automobile which was struck by train at Railroad Crossing in Centralia Mo  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations MO  
Of autopsy 7

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) Accident - Old

(b) Date of occurrence August 23-1941

(c) Where did injury occur? Centralia Boone Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? no (Specify type of place) struck by train  
(e) Means of injury train

23. Signature Marion M. Adams (M. D. or other) MD

Address Columbia Mo Date signed 8/23/41

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1677

Date Filed SEP 16 1941

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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 me

Priscilla Cleland, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Priscilla Cleland

Licensed Embalmer No. 3572

P. O. Address 401 W Coopers

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, fact should be so stated above.