

43272

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 21 1942

Registration District No. 896

Primary Registration District No. 6198

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural Ozark Twp
(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 17 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(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? _____ years.

3. (a) PRINT FULL NAME Mattie Williamson

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

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

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

7. Birth date of deceased Sept 30 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known

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

14. Maiden name Not known

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

16. (a) Informant's own signature Leanna D. Smith

(b) Address Marshfield, Missouri

17. (a) Burial (b) Date thereof Nov. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Home

18. (a) Signature of funeral director Memorial Funeral Service

(b) Address Marshfield, Mo.

19. (a) 12/24/41 (b) J. H. Bruce
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 4
year 1941 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan
Feb 1941, to Dec 1941

that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardosis Duration
Chronic

Due to Carcinoma of Stomach

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46 lb

Major findings: Of operations _____

Of autopsy _____

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) C

(b) Date of occurrence C

(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? C

While at work? C (Specify type of place) (e) Means of injury C

23. Signature W. H. Spence (M.D. or other) MD

Address Marshfield Date signed 12-7-41

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

Rev. 5-17-39 11-1-1931

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.

RECEIVED

District Health Officer No. 6,

District File Number 142-135

Date Filed JAN 14 1942

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 A. J. M. L.

Licensed Embalmer No. 1779

P. O. Address.....

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.