

FILED MAR 2 1942
Registration District No. **1420**

Primary Registration District No. **3027**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
100 North Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 53 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME STELLA WILLIAMS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 3, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 1 8 hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Harry Williams
13. Birthplace Scranton Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Keneday
15. Birthplace Pevely Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Williams
(b) Address 13 Highland Terrace, Callowdale Pa.

17. (a) Burial (b) Date thereof Jan. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Calvary)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 1-14-42 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 100 N. Third
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug - 6th
1942, to Jan 11, 1942
that I last saw him alive on July 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Ovary not 1 year
Duration _____

Due to _____

Due to _____

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

Major findings: Of operations H90
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) _____

(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) _____ (Specify means of injury)

23. Signature Dr. Walter E. Gibson (M. D. or other) _____
Address De Soto Mo. Date signed 1-14-42

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

50
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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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *JEE Molkhusud*

..... Licensed Embalmer No. *3531*

..... P. O. Address *East 0 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.