

S. No. 2  
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5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24367

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 518

1. PLACE OF DEATH: Greene

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community 2 Weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene <sup>39</sup>

(c) City or town Springfield <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 575 W. Webster  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Betty Williams

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1942 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 12th  
1942 to July 14 1942  
that I last saw her alive on July 14 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Claude Williams

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 8 1906  
(Month) (Day) (Year)

Immediate cause of death Acute general Peritonitis

Duration 72 hrs

Due to Intestinal Obstruction 6 days

8. AGE: Years 36 Months 4 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

Due to \_\_\_\_\_

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

MOTHER FATHER

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

12. Name C. A. Adair

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

14. Maiden name Rose B. Weber

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

Major findings: Gangrenous Perforation  
slam, Peritonitis

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Claude Williams

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof July 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director H. H. Lehmyer

(b) Address Springfield, Mo.

19. (a) 7-15-42 (b) W. H. Haudley  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_ <sup>0</sup>

23. Signature W. H. Haudley (M. D. or \_\_\_\_\_)

Address Springfield, Mo. Date signed 7/16/42

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

9  
2  
6

**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.....

L. Gorman  
.....  
Licensed Embalmer No. 3177

P. O. Address Springfield, Ill.

**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.**