

No. 2  
4-13-40  
5-17-39  
1 X23139

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29701

Registration District No. \_\_\_\_\_

Primary Registration District No. 5058

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

Registrar's No. 63

005  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Monett, Rural  
(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 2 years  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry

(c) City or town Rural Monett  
(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 Rueie Adeline Williams

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 6

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George Parker Williams

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased: April 2 - 1886  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>9</u>	hr. <u>6</u> min.

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

10. Usual occupation Housewife

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

MOTHER FATHER {

12. Name Collin Davidson McMillan

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

14. Maiden name Cynthia Ann Kershner

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

16. (a) Informant Mrs. Bernier Withers

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof Sept. 13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rich Lender Funeral Home

18. (a) Signature of funeral director L. H. Blumenshine

(b) Address Monett, Mo.

19. (a) 9-13-1942 (b) Max Leo Harman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11  
year 1942 hour 4 minute 7 P. M.

21. I hereby certify that I attended the deceased from Sept 15  
1942 to Sept 11 1942

that I last saw her alive on Sept 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo-Carditis Duration \_\_\_\_\_

Due to arteriosclerosis, Heart-plegia, and Paroschism

Due to old Hepatitis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 930

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature J. Ferguson (M. D. or other) \_\_\_\_\_  
Address Monett, Mo. Date signed Sept 15 1942

1075

RECEIVED

District Health Officer No. 6,

District File Number

1042-1479

Date Filed

OCT 9 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

L. H. Blankenship

Licensed Embalmer No.

2347

P. O. Address

Monett, 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, fact should be so stated above.