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

1. PLACE OF DEATH:  
 (a) County Monticau  
 (b) City or town Rural  
 (c) Name of hospital or institution: 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 year  
 In this community 10 year  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Monticau  
 (c) City or town California  
 (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 Elnea Evangeline Williams  
 3. (b) If veteran, name war .....

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Oct day 3  
 year 1942 hour 2 minute P.M.

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Hugh 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased Mar 11 1908  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from dead  
when first seen 19 1908,  
 that I last saw him alive on 19 1908  
 and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 6 Days 22  
 If less than one day hr. .... min. ....

Immediate cause of death Internal injuries  
 Due to auto accident - car  
run off road - no other  
 Due to car involved,  
Death was instantaneous  
 Other conditions .....

9. Birthplace Osage Co MO  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

MOTHER FATHER  
 12. Name Samuel Lee Cautley  
 13. Birthplace Marion Co MO  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Marion Isenbarg  
 15. Birthplace Marion MO  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations 1700  
 Of autopsy 1700  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant D. L. Cautley  
 (b) Address St. Louis MO  
Beura (b) Date thereof (Month) (Day) (Year)  
 (c) Place: burial or cremation Masonic Burial  
 18. (a) Signature of funeral director William Friedmeyer  
 (b) Address St. Louis MO  
 19. (a) 10-7-42 (b) A. J. Hall  
 (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) accident  
 (b) Date of occurrence Oct 3, 1942  
 (c) Where did injury occur? Highway Monticau MO  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? no (Specify type of place) (e) Means of injury Car  
 23. Signature Kyrion Latham (M. D. or other)  
 Address California, MO Date signed 10-5-42

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H E Friedmeyer*

Licensed Embalmer No.....

*2854*

P. O. Address.....

*California 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.**