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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 54

71
1
0

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

1. PLACE OF DEATH:

(a) County MORGAN.
(b) City or town VERSAILLES.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 71

(a) State MO. (b) County MORGAN. 1
(c) City or town VERSAILLES. 0
(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 0

3. (a) PRINT FULL NAME ROSA MAY WILLIAMS.

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

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife AUBREY T. WILLIAMS
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased APRIL (Month) 3, (Day) 1894 (Year)

8. AGE: Years 48, Months 8, Days 27, If less than one day hr. min.

9. Birthplace McGIRK, (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation HOUSEWIFE.
11. Industry or business HOME.

FATHER
12. Name Wm. DOLSTEIN.
13. Birthplace McGIRK, (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name ELIZABETH SHULL.
15. Birthplace NO RECORD (City, town, or county) INDIANA. 1 (State or foreign country)

16. (a) Informant A. V. Williams
(b) Address Lipton, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemty
18. (a) Signature of funeral director W. T. Cadwell
(b) Address Versailles Mo
19. (a) 1-1-1943 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30TH, year 1942, hour 4, minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 21, 1942 to Dec 30, 1942 that I last saw her alive on Dec 30 — 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia — Duration 10 days

Due to Cause unknown

Due to

Other conditions Had previously had two operations for cancer of breasts in 1932 and 1937 —
(Include pregnancy within 3 months of death)

~~Major findings:~~ ~~Of operations~~

Of autopsy 50

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

23. Signature W. G. Gunn (M. D. ~~or other~~)
Address Versailles Mo Date signed 12-31-42

1029

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1409
Date Filed 1-12-43

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 R. T. Cidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.