

S. No. 2  
M-542  
5-17-39  
I X3172

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14103

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

Registrar's No. 80

FILED MAY 11 1943 77

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

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jackson City  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Grace Glenn Williams

3. (b) If veteran, name war NO  
3. (c) Social Security No. 720

4. Sex Female race White  
5. Color or 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 27 - 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 18 hr. min.

9. Birthplace None  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name John Williams

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

14. Maiden name Eula Hill

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

16. (a) Informant Mrs. Eula Williams

(b) Address California MO

17. (a) Burial (b) Date thereof 4-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bourbon Missouri

18. (a) Signature of funeral director Bonnie Serene

(b) Address California MO

19. (a) 4-12-43 (b) Norma Richter  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson  
(c) City or town California MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. City  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1943 hour Over minute 30 P.M.

21. I hereby certify that I attended the deceased from April 7 to April 12 1943  
that I last saw him alive on April 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia

Due to Congenital Heart Defect

Due to 157e

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

Major findings: Of operations \_\_\_\_\_

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

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 Dr. J. H. Hauer (M. D. or other)

Address Jackson City MO Date signed 4/12/43

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

MOTHER FATHER

Duration

6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

248

(Licensed Embalmer's Statement on Reverse Side)

08 6108 77

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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.

Not Embalmed

Signed..... Earl A. Bowlin.....

Licensed Embalmer No. 2126

P. O. Address California 81

**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.