S. No. 2
M—5-42
5-17-39
X32873

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

21847

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 4 1943

Registration District No. 175 Primary Registration District No. 5646 Registrar's No. 73

1. PLACE OF DEATH:
55
(a) County Lawrence
(b) City or town Rural Bush Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1 Marionville Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
55
(a) State Missouri (b) County Lawrence 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1 Marionville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Maude Muller Williams

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M.G.Williams
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Oct (Month) (Day) 1878 (Year)

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace Barry County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name P.H.Wilson
13. Birthplace Barry County (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Mary E Gouge
15. Birthplace Barry County (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant M.G.Williams
(b) Address Marionville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.
18. (a) Signature of funeral director J.F. King
(b) Address Aurora Mo.
19. (a) 5-16-43 (Date received local registrar) (b) Eunice Greene (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 3 minute 30 AM.
21. I hereby certify that I attended the deceased from Apr 24, 1943 to May 14, 1943
that I last saw her alive on May 13, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of breast	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J Will Smith MD (M.D. or other)
Address Aurora Mo 121 W Pleasant Date signed 5/15/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 6
District File Number 643-804
Date Filed JUN 29 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certifi[illegible]s em[illegible] by me [illegible]

[illegible] Reg[illegible]

working under my personal supervision.

Signed [illegible] Surridge

[illegible] No. 3072

[illegible] Aurora Mo.

Note: The above MUST BE SIGNED BY TH[illegible]ENSED EM[illegible] WRITING. (Failure to comply with the above constitutes grounds for revocation of licens[illegible])

If this body is not embalmed, fact should be [illegible]