

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38936**
Registrar's No. **88**

Registration District No. **291**

Primary Registration District No. **4433**

1. PLACE OF DEATH:
(a) County **PUTNAM**
(b) City or town **UNIONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **ONE YEAR**
In this community **ONE YEAR**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **PUTNAM**
(c) City or town **UNIONVILLE**
(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 **Edith Marie Williams**
3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **NO.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **NOV** day **29** year **43** hour **7** minute **40 P** M.
21. I hereby certify that I attended the deceased from **NOV 29** 19**43** to **19 43**
that I last saw **her** alive on **NOV-29** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **LELAND WILLIAMS** 6. (c) Age of husband or wife if alive **9** years
7. Birth date of deceased **SEPT 9 1910**
(Month) (Day) (Year)

Immediate cause of death **acute endocarditis**
Due to **acute Rheumatic fever**
Duration **1 WK**

8. AGE: Years **33** Months **2** Days **20** If less than one day hr. min.
9. Birthplace **Pollock Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **HOME WORK**

Other conditions (Include pregnancy within 3 months of death) **582**
Major findings: Of operations **582**
Of autopsy **582**
PHYSICIAN **582**
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business
12. Name **Neva McDonald**
13. Birthplace **Pollock Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **ETIA SZEMORE**
15. Birthplace **Stahl Mo.**
(City, town, or county) (State or foreign country)
16. (a) Informant **Glarence McDonald**
(b) Address **Bern City, Mo.**
17. (a) **Burial** (b) Date thereof **12-2 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bern City**
18. (a) Signature of funeral director **HO Austin**
(b) Address **Annoually Mo.**
19. (a) **DEC 2 43** (b) **W. C. Cobley**
(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)
(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 **0**
23. Signature **Paul M. ...** (M. D. or other)
Address **Unionville Mo.** Date signed **11/29/43**

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

RECEIVED

District Health Officer No. 10

District File Number 12-43-1907

Date Filed DEC 11 1943

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 Murl E. Husted

Licensed Embalmer No. 3314

P. O. Address Amorville, 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.