

No. 2  
-5-43  
5-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10315

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 13

1. PLACE OF DEATH:  
(a) County Barry  
(b) City or town Rural Exeter  
(c) Name of hospital or institution 3 1/2 miles N.W. of Cassville  
(d) Length of stay: In hospital or institution 30 years  
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Barry  
(c) City or town Rural  
(d) Street No. 3 1/2 Miles N.W. of Cassville  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Cora Amanda Williams  
3. (b) If veteran, name war. 3. (c) Social Security No. none

4. Sex Female 5. Color or race W.  
6. (a) Single, widowed, married, divorced, married.  
6. (b) Name of husband or wife W. A. Williams  
6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased October 19 1977

8. AGE: Years 66 Months 4 Days 16  
If less than one day hr. min.

9. Birthplace Rural Retreat, Virginia

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER  
12. Name Wythe Jackson  
13. Birthplace Virginia  
14. Maiden name Rhudy  
15. Birthplace Virginia

16. (a) Informant Ralph Williams  
(b) Address Monett, Mo. 806 4th Street

17. (a) Burial (b) Date thereof Mar 3 1944  
(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director P. J. ...  
(b) Address Cassville, Mo.

19. (a) Mar 3 1944 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 29 year 1944 hour 5 minute P.M.  
21. I hereby certify that I attended the deceased from January 20 1944 to February 28 1944  
that I last saw her alive on February 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac De-compensation  
Due to Mitral Stenosis and hypertension  
Other conditions (Include pregnancy within 3 months of death) 928

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Deacon J. ... (M. D. or other) Address Cassville, Mo. Date signed 3-2-44

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

RECEIVED

District Health Officer No. 6,

District File Number 344-397

Date Filed MAR 7 1944

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.