S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1944

Registration District No. 165

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31185

Primary Registration District No. 3031

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: -- 1315 N- 3rd St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- 1 (Specify whether
In this community 3 Mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town De Soto
(If outside city or town limits, write "RURAL")

(d) Street No. 1315 N. Third St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alice Ann Williams

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Infant 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 1 (Day) 1944 (Year)

8. AGE: Years | Months 3 | Days | If less than one day hr. min.

9. Birthplace De Soto (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Albert C. Williams
13. Birthplace Ware (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lucille Hall
15. Birthplace Ellington (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Albert C. Williams
(b) Address De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto, Mo.

18. (a) Signature of funeral director J. Lee Mothershead
(b) Address De Soto, Mo.

19. (a) 9-5-44 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-1 day 1
year 1944 hour 4 minute 20 p.M.

21. I hereby certify that I attended the deceased from Aug 29, 1944, to Sept 1st 1944
that I last saw her alive on Sept 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Influenzal Viris Pneumonia	3 da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 33 o
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 G. A. Elders (M. D. or other) MD
Address De Soto Mo Date signed 9/2/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-6-44

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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address Desoto 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.