S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1944

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37154

State File No.

Primary Registration District No. 3-0-026-5120

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Columbia R.F.D. #1
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia R.F.D. #1
(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

3. (a) PRINT FULL NAME MARY LEE WILLIAMS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced —

6. (b) Name of husband or wife —

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

7. Birth date of deceased 12-1-1939 (Month) (Day) (Year)

8. AGE: Years 4 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name George Williams
13. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ethel Warren
15. Birthplace Boone Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant George Williams
(b) Address Columbia Mo. R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Log Providence Mo.

18. (a) Signature of funeral director Stuart D. Parker
(b) Address Columbia, Missouri

19. (a) 11-17-44 (Date received local registrar) (b) Edna H. Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 1944 hour 11 minute 3 P. M.

21. I hereby certify that I attended the deceased from 11/14, 1944 to 11/14, 1944 that I last saw her alive on 11/14/44, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Appendicitis	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

121.2

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

23. Signature L. S. Daigle (M. D. or other)

Address Columbia, Mo Date signed 12/20/44

1250

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 12-14-44

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 Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.