V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2676

State File No.

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution 4th & Lake Sts. (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) 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

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

(d) Street No. 4th & Lake (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATIE ISABELL EDGAR

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife HORACE EDGAR

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

7. Birth date of deceased JUNE 24 1887 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business —

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

MOTHER
14. Maiden name Ollie Belew
15. Birthplace Desoto (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. John Hague

(b) Address Desoto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 19 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Desoto Mo Woodlawn Park

18. (a) Signature of funeral director Donald B. Dietrich

(b) Address Desoto Mo.

19. (a) 1-20-45 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 17 year 1945 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1945 to Jan 16, 1945 that I last saw her alive on Jan 15, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration 1/2-45

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 93a

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

23. Signature Clarence A. Pickman (M.D. or other)

Address Desoto Date signed 1/18-45

C
132
29-45

387

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1945

FEB 5 1945

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.....Donnell B. Dietrich.....

Licensed Embalmer No.....4104.....

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.