

V. S. No. 2  
FORM-8-43  
Rev. 5-17-39  
I X37823

41026

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41026  
Registrar's No. 146

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:  
(a) County COOPER  
(b) City or town BOONVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS  
In this community 3 DAYS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CHARITON  
(c) City or town KEYTESVILLE  
(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 NADINE ELIZABETH WILLIAMS

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DECEMBER day 16th  
year 1945 hour 3:45 minute a.m.

3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

21. I hereby certify that I attended the deceased from 12-14-45 to 12-16-45  
that I last saw h. ER alive on 12-15-45  
and that death occurred on the date and hour stated above.

4. Sex FEMALE  
5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death: Intestinal obstruction, acute  
Due to Umbilical hernia  
Duration 3 days  
10 yrs.

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years 1893  
7. Birth date of deceased MARCH 12 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 4  
If less than one day hr. min.

Other conditions: Diabetes mellitus  
Obesity  
Due to  
PHYSICIAN ?

9. Birthplace CHARITON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JEFF CHAPMAN

13. Birthplace CHARITON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name DOLLY SPENCE

15. Birthplace CHARITON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant HERBERT WILLIAMS  
(b) Address KEYTESVILLE, MO.

17. (a) REMOVAL (b) Date thereof 12/16/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KEYTESVILLE, MO.

18. (a) Signature of funeral director STEGNER & KOENIG  
(b) Address BOONVILLE, MO.

19. (a) 12/19/45 (b) Clay Mason  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations None  
Of autopsy Above Col  
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?

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature [Signature] (M. D. or other) M.D.  
Address Boonville, Mo. Date signed 12/16/45

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

27  
1  
2

W

1434

1-9-46

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**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..... *James W. Stegner*.....  
Licensed Embalmer No. *3780*.....  
P. O. Address..... *Boonville, 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.**